New Aging
New Generations

Positioning Pima County in the 21st Century

A Report to the
Pima Council on Aging

The University of Arizona®
Office of Economic Development

New Aging, New Generations:

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A Report to the
Pima Council on Aging

From the
Commission on the New Aging

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Foreword

Having reviewed the work of the Commission on the New Aging and examined its findings and recommendations, there is no question that much work remains to be done to address the wide range of needs that the aging baby boomers have begun to present as its members reach age 55 in 2001.

The report states:

> *The recommendations suggested in this report are particularly concerned with positioning our community to address the challenges of older adults in the period 2010 to 2030. While many ideas are relevant to the present, changes in cultural behavior and technological advances will significantly reshape the face of older America as we continue to redefine the process of aging.*

One always has to be careful about one asks for. In establishing the Commission on the New Aging, Pima Council on Aging (PCOA) was, as usual, taking the lead in addressing the long term needs of the aging in our community. It asked, "What needs to be done?" and "Who needs to do it?" The answers that came back recommend 56 action items. The Commission recommended that PCOA be the primary entity to take the lead in 41 of the 56 action items. As to the other 15 action items, PCOA's leadership and involvement are recognized as crucial.

This is clearly too much for PCOA to shoulder alone. PCOA is the Area Agency on Aging, the umbrella agency responsible for aging issues under the United States Older Americans Act. As such it is required to coordinate programs for the aging in its community, to develop and encourage new programs and to prepare an Area Plan for meeting the needs of the aging. PCOA oversees many programs providing direct service, as well as provides direct services itself, and contracts with other organizations to provide services. PCOA is also the primary advocate for the aging, presenting the needs of its constituency before governmental, community and corporate entities and advocating for appropriate solutions to problems. However, meeting all of the goals of the Commission's Report is too much for PCOA to do alone.

There is clearly a need for broader and more thorough consultation among service providers, government and corporate citizens to determine who is best suited to pursue the implementation of the action items. What is now needed is a coordinated, structured plan involving the greater community to address the multiplicity of issues of aging. Partnerships are certainly feasible for PCOA but only if financial resources are available to provide the additional staffing necessary to carry out the coordinating role. Certainly PCOA's professional staff has the experience and expertise to enhance the success of any plan.

PCOA calls on the leaders of the Southern Arizona community at all levels--civic groups, individuals, aging organizations, government (city, county, state and federal) and corporations that enjoy and support our community--to work together to plan for the elders among us. The Sixth Commandment directs that we must "Honor Thy Father and Mother." For too long, senior members of our culture have lived without adequate attention to their needs. As this population grows in size and proportion, we are presented with two choices: 1. attend to these critical needs, or 2. witness a growing number of our parents (and ourselves) share fewer and fewer resources. If we choose the latter, all our lives will be less fulfilled.

This excellent report is being circulated to all of the leaders in our community and the work that the Commission has done serves as a model for how communities throughout the United States should address the needs of their growing aging populations. Our sincere thanks go to the Commission members and to Marshall Worden, its chair.

Allan D. Bogutz
Past President
Pima Council on Aging

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Introduction

Allan Bogutz, Past President of the Pima Council on Aging, appointed the Commission on the New Aging in October 1998. The purpose of this blue-ribbon commission is to study the needs that Pima County and Tucson will face as the baby boom generation approaches retirement age. The Commission's membership represents a diverse group of individuals active in civic life and includes persons involved in community planning, education, the media, health care, law enforcement, the judiciary, politics and the provision of services to the aging. The Commission continues with the support and encouragement of current president, The Honorable Katie Dusenberry.

The *new aging* are today's baby boomers who will begin reaching retirement age in 2011. The unique history and characteristics of this generation produce equally unique needs and benefits. This report describes the challenges and opportunities that the Tucson metropolitan area will face as baby boomers approach the traditional retirement age of 65. It identifies and recommends policies and strategies that should be implemented in our community if the needs of this and other aging populations are to be met.

With regard to terms, those persons among the baby boom population, currently age 37 to 55, are referred to as the new aging. Those persons age 55 and older are referred to as older Americans or older adults. More specific reference is made to individual sub-groups within the older adult population, such as those age 65 and older and those age 85 and older.

This report is divided into three parts. Part I summarizes the context of the new aging and older American populations at the local, regional and national levels. It looks at current and projected characteristics regarding population, financial security, lifestyle, physical community, societal perceptions, health status and health care. Part II is a fictional account that describes what life for older residents in Tucson and Pima County might be like during the second and third decades of this century. This section takes the form of two short stories depicting visions that could occur under different scenarios. Part III suggests a variety of policy and program recommendations and identifies which entities might champion those initiatives.

This is intended to be a forward-looking document, both suggestive and prescriptive. In painting a picture of the present and the future, information has been gathered from a variety of sources. Primary sources have been identified for tables and charts in order to provide an opportunity for further investigation. However, ideas and facts that have come from books, newspapers, magazines, journal articles and agency reports are not cited. The report aims to serve as a catalyst to stimulate a public dialogue leading to political, economic and social action.

In order to consider a vision for the future, we first need an understanding of past and present trends. Much of this report focuses on the current situation. The present condition provides the backdrop from which to project and, in some cases, speculate about the needs of the future. The other primary dimension to this report involves *understanding* the current needs and behaviors of older adults and *anticipating* how those needs and behaviors will change as the baby boom generation ages into their retirement years.

The beginning date for this change is 2011, the year the first baby boomer turns age 65. **The recommendations suggested in this report are particularly concerned with positioning Pima County to address the challenges of older adults in the period 2010 to 2030.** While many of the ideas are relevant to present conditions, changes in cultural behavior and technological advances will significantly reshape the face of older America as we continue to redefine the process of aging.

Executive Summary

Population

As the population of baby boomers approaches retirement, many forces are profoundly affecting and changing the demographics of the United States. Since the end of the baby boom (the period 1946 to 1964), breakthroughs in medical technology, healthier standards of living and a steady stream of net in-migration have produced the largest population over the age of 65 in the nation's history. Currently, 35 million Americans are age 65 and older. Not only is the absolute number of people in this population cohort the greatest this country has ever seen, but the relative share of the total population (12.7 percent) is also at its peak. These trends are projected to continue. By the year 2030, the population age 65 and older is expected to double to over 70 million people representing 20 percent of the total population.

Arizona is home to an ever-growing number of older adults. The Arizona Department of Economic Security estimates that approximately 14.1 percent of Arizona's population is age 65 and older. This relative share of the total population is expected to increase to 21.3 percent by the year 2030. Currently, the percentage of those age 65 and older in Pima County (14.4 percent or 124,900 persons) is slightly greater than that of the State and 1.7 percentage points greater than that of the country as a whole. It is important to recognize that Arizona and Pima County far exceed the national average of older Americans.

Population by Age Group in 2000

		65 and Older		85 and Older	
	All Ages	Number	Percent	Number	Percent
United States	275,130,000	34,817,000	12.7	4,312,000	1.6
State of Arizona	4,961,953	700,461	14.1	83,381	1.7
Pima County	867,363	124,900	14.4	13,010	1.5
City of Tucson	485,790	59,752	12.3	7,773	1.6

Source: U.S. Census Bureau, Population Estimates Program; Arizona Department of Economic Security; American Community Survey, City of Tucson Planning Department

The two great demographic shifts that are occurring nationally need to be considered in assessing the needs and opportunities of the new aging population in Pima County. First, not only will the absolute number of persons 65 and older in Pima County continue to increase during the next several decades, but the relative share of older adults also will increase. In 1990, 13.8 percent of Pima County's population was age 65 and older. By 2010, that share is expected to be 16.2 percent.

Longevity

The primary influence behind this trend is a significant increase in longevity. At the time Social Security benefits began in 1939, average life expectancy at birth was only 63 years. Those age 65 could expect to live roughly 13 more years. By 1997, average life expectancy was 76.5 years at birth and those age 65 could expect to live 18 more years. Due to increasing longevity, the absolute and relative number of the oldest old will continue to grow. In 1990, 1.2 percent of

Pima County's population was age 85 and older. That proportion is expected to more than double to 2.6 percent by 2010. The age 85 and older population has a unique set of needs that differ from that of the overall population of older adults.

Ethnicity and Sex

A significant shift in U.S. demographics is occurring with regard to ethnic makeup. Hispanics represent an increasing share of the population across the nation and in Arizona. Hispanics nationally represent 5.6 percent of the population age 65 years and older. This is expected to increase to approximately 16.4 percent by the year 2050.

Pima County has a much greater share of Hispanics than the nation in general. Of the total population in Pima County, the relative share of Hispanics increased from 24.2 percent in 1990 to 29.6 percent in 1999. The concentration of Hispanics is much greater in the City of Tucson than in Pima County as a whole. Hispanics accounted for 35.7 percent of the total population in the City of Tucson in 1999, compared to 29.6 percent in Pima County. The trend toward greater ethnic and racial diversity will continue.

Among the population age 65 and older, women represent an increasing share of the cohort as it ages. A significant difference in longevity between men and women accounts for this phenomenon.

Support Ratios

One way to analyze how the population is growing older is through elderly support ratios. The elderly support ratio is the ratio of the elderly population (those age 65 and older) to the working-age population (those age 20 to 64).

As the generation of baby boomers retires over the next three decades, there will be fewer working age adults paying into state and federal programs to support retirees. According to the Arizona Department of Economic Security, Arizona's elderly support ratio is currently .25, slightly higher than the national ratio of .22. An elderly support ratio of .27 illustrates Pima County's relatively greater concentration of older adults. This ratio of .27 equates to 3.7 people age 20 to 64 able to support each person age 65 and older.

By the time baby boomers finish entering retirement in 2030, it is estimated that Pima County's elderly support ratio will be .45 (2.2 working age people able to support each older adult). This ratio will be significantly higher than that of the state (.40) and the nation as a whole (.37).

Poverty

Nationally, over the period 1974 to 1998, the percentage of older adults in poverty and low-income categories has declined while the percentage of those with medium and high income has increased (Chart 3). This indicator of economic health illustrates that the income gap among older Americans is closing. However, even with these improvements, more than one-third of older adults live in "poverty" and "low income" brackets and a disproportionate share of women and minority groups still are mired in poverty.

The percentage of older Americans living in poverty has declined over the last forty years from 35.2 percent to 10.5 percent. Historically, older adults were much more inclined to live in poverty than the general population. Today, the percentage of those living in poverty among older adults and working-age is roughly equivalent.

Social Security and Retirement Planning

The status of social security is one of the most significant issues facing the new aging population. Conflicting studies and political interests have caused much confusion and skepticism over the health and longevity of the social security system. While the system is not in immediate danger, many question its ability to withstand the pressures of the oncoming surge of retiring baby boomers.

Behavioral Characteristics of the New Aging

The behavioral characteristics that define the baby boomers are very different from those of their parents. The new aging were the first to experience an age of abundance. They were also the first to become a media generation. These two factors played a primary role in establishing a new consumer culture. This group was also the first to experience widespread levels of high stress.

However, the generation of the new aging also holds a new respect for the environment. They are more likely to question the status quo, speak out, and challenge authority. The new aging experience a much greater rate of labor participation among women and redefined traditional models of marriage and family. Seventy-five percent of the new aging are married, 75 percent have children and 66 percent own homes.

As baby boomers age into retirement, they will continue the need for activity and social involvement as part of their lifestyle as older adults. Past images of a leisurely retirement in quiet isolation are now giving way to participatory and active lifestyles that engage the physical, intellectual, spiritual and creative capacities of older adults.

Political Participation and Volunteerism

While rates of political participation are high among older adults, rates of volunteerism are lower than any other adult age-group. This is a disappointing characteristic of today's older adults, but one that has incredible potential for change. The volunteerism rate for those age 33 to 54 is 55 percent. However, this rate drops to 46 percent after age 55.

Older adults are typically more politically active than other adult age groups. Although they are diverse in their attitudes, interests and behaviors, they vote at high rates compared to younger persons and maintain a considerable interest in political affairs.

Housing Characteristics

The makeup of housing types inhabited by Arizona's older adults differs from that of the younger populace in a number of ways. Single family detached and townhouse structures represent the bulk of housing for both age groups, with these one-unit structures comprising 62 percent of the housing for older adults and 63 percent of the housing for householders under age 65. Multifamily units with two or more units per structure comprise just 16 percent of the senior housing, compared to 27 percent of the housing for younger householders. Mobile homes house

22 percent of all older adults in Arizona, more than twice the percentage of younger householders (10 percent) who live in these structures.

Transportation

Sun Tran, Tucson's Public Transit Authority, offers a number of services directed at increasing the affordability and accessibility of transit for older adults. Four specific routes, servicing four different areas of the city, have been developed under the *Out and About* program. These routes are specifically designed to access senior centers, health care facilities, medical centers, banks, grocery stores, shopping centers, libraries, municipal service centers and parks and recreation centers. Public transit in Tucson's urban core has made the mobility of older adults much more affordable and accessible. However, many aspects of traditional bus service remain inadequate in serving the transportation needs of older adults.

Elder Abuse

Elder abuse is a serious concern as a greater share of the population becomes a potential victim. The clinical history of elder abuse suggests that it gets worse, not better, in terms of frequency and severity. Intervention is imperative. Over ten percent of the cases in the Tucson Unit of the Arizona Attorney General's Office are for fraud against older adults. Cases of fraud against older adults have increased over the past three years and are expected to continue to do so.

Forms of elder abuse include physical abuse, psychological abuse, caregiver neglect, self neglect and exploitation. A nationwide report found two-thirds of the victims of elder abuse to be women, while abusers were equally inclined to be either male or female.

Personal Health Habits

Personal health and nutrition habits among older adults have improved significantly over the last century. Proper nutrition, sleep and exercise, combined with an increase in self-awareness and continuing intellectual involvement, have resulted in a significant number of older Americans rating their health as good or excellent However, even with the great majority of older adults reporting to be in good health, many suffer from combinations of poor nutrition, chronic disease and debilitating mental health conditions.

Mental Health

Approximately 18 percent of older adults have some kind of mental health need. As aging occurs, it is often accompanied by spousal and family loss as well as a loss of physical health, mobility and independence. Among the most common mental health problems among older adults are isolation, loneliness and depression. Women, because of their tendency to live longer, are at greater risk of suffering from severe depressive symptoms.

Chronic Health Conditions

Increasing longevity over the last century has been accompanied by an increased risk for certain diseases and disorders. Significant proportions of older adults suffer from a variety of chronic health conditions such as arthritis and hypertension. The percentage of persons with chronic health conditions increased for most conditions between 1984 and 1995, with the exception of hypertension, which has remained roughly the same.

Heart disease, cancer and stroke are the three leading causes of death for both sexes of every racial and ethnic group. Five of the six leading causes of death among older Americans are chronic diseases. Approximately 78,000 Arizonans suffer from Alzheimer's disease and other forms of dementia. The Arizona Department of Health Services estimates that approximately 145,000 older adults in Arizona will have Alzheimer's disease by the year 2020.

Caregiving

As chronic health conditions and longevity continue to increase, the number of older adults needing long-term care also will grow. Caregiving provides assistance to those with limitations in activities of daily living and those who suffer from chronic diseases such as Alzheimer's. One-third of all people age 85 and older have Alzheimer's disease and three-quarters of their caregivers are surrounding friends and family. The majority of the caregiving community is made up of women and older adults. Seventy-three percent of today's caregivers are women.

Assisted Care Facilities

Assisted care facilities are facing major problems with financial stability and staffing. Even though nursing home costs are out of reach for a large percentage of American families, they still suffer from underfunding. Many facilities cannot staff or supply care services at adequate levels, leaving many residents at risk of being harmed.

Health Insurance

Arizona has the third highest percentage of older adults belonging to managed-care plans. This percentage peaked in the early 1990s at 40 percent but has continued to decline since. There are a number of insurance alternatives, such as long-term care (LTC) insurance and longevity insurance, to help individuals prepare for increasing health care costs accompanied by older age.

Older Americans are paying twice as much for prescription drugs today as they did in 1992. The increased costs are attributed to more advanced and effective drugs. According to a recent Medicare beneficiary survey, prescription drugs account for ten percent of total out-of-pocket health expenditures for those age 65 and older.

OBJECTIVES

Meeting the challenges of older adults, today, and in the future, requires addressing a broad platform of issues. These issues are grouped into **nine** areas.

1. Retirement Planning, Estate and Trust Management, Legal Services, Financial Tools and Assistance
2. Continuing Education, Employment and Job Training
3. Volunteerism, Political Activism and Advocacy; Creative Contributions, Intergenerational Opportunities, Public Awareness and Community Attitudes
4. Medical and Non-Medical Home Services, Assisted Living, Caregiving, Long-Term Care, Special Needs: Minority, Low-Income, Rural, Frail
5. Transportation
6. Housing

7. Elder Abuse
8. Healthy Living, Disease Prevention and Treatment, Medical Insurance and Savings Alternatives, Mental and Behavioral Health
9. Technology

The following objectives serve to provide a framework for further consultation to occur.

Retirement Planning, Estate and Trust Management, Legal Services, Financial Tools and Assistance

1. Provide increased retirement planning and investment management services to help the new aging prepare for debt-free, late-life financial security.

2. Establish an advocacy task force to engage with the Presidential commission on social security reform.

3. Provide greater access and affordability to estate management and trust services for older adults. Offer discounted services as well as provide workshops and seminars for self-education.

4. Provide accessible home-equity loan programs for those who are "cash-poor" but "brick-rich" to draw cash from their homes. Promote reverse mortgages.

Continuing Education, Employment and Job Training

1. Assist in the development of educational and job training opportunities for low-income older adults through the Workforce Investment Act (WIA), Title V contractors, and other alternative funding sources.

2. Maintain a leadership role in the development of Arizona's One-Stop Career Centers that provides access for older workers to choose basic, high quality employment, training and education services.

3. Educate businesses and organizations as to the benefits of employing older adults.

4. Promote the local network of nonprofit organizations such as the Service Corps of Retired Executives (SCORE) and Executive Service Corps (ESC).

5. Expand educational and training opportunities available to older adults. Provide low-fee courses for older adults.

Volunteerism, Political Activism and Advocacy; Creative Contributions, Intergenerational Opportunities, Public Awareness and Community Attitudes

1. Establish a "resource pool" where the volunteer needs of organizations can easily come into contact with those wishing to get involved with volunteer activities.

2. Develop a publicity program for reaching older adults who are not aware of existing opportunities for involvement.

3. Identify and monitor legislation affecting the older and vulnerable adult population and track it through the legislative process.

4. Disseminate information and provide analysis of proposed legislation and the effects of budgetary requests to all interested parties.

5. Encourage the development of and participation in classes and workshops dealing with the arts.

6. Allocate space for exhibiting the creative work of older adults.

7. Identify agencies, organizations and special interest groups whose activities include the development of intergenerational programs, and work groups that support the needs of grandparents raising grandchildren.

8. Create, expand and promote awareness programs that educate people and heighten understanding among our ethnically diverse population.

Medical and Non-Medical Home Services, Assisted Living, Caregiving, Long-Term Care, Special Needs: Minority, Low-Income, Rural, Frail

1. Establish community based, home maintenance programs where individuals can receive the assistance of a repair professional to fix or replace broken and worn out items as well as provide landscaping services.

2. Establish a single point of access to services for management of home finances as well as basic legal, medical, and nutritional consultation.

3. Support programs promoting the availability and accessibility of suitable housing for older adults, such as apartment and home finding services as well as housemate matching and placement services.

4. Provide for adequate assisted living options for low and middle-income older adults.

5. Promote higher standards for long-term care and expand the regulatory framework to ensure compliance.

6. Propose regulatory legislation requiring that referral fees be paid by families instead of adult-care homes. Legislation must also establish ethical, educational and business standards.

7. Increase the promotion and recognition of volunteer caregiving activities and expand the role of faith-based communities in volunteering.

8. Enhance and expand training to assist caregivers with the administration of physical and occupational therapies, respite care and errand running. Provide counseling to help prevent burn out.

9. Establish a program for occupational therapists to administer in-home assessments and teach individuals how to set up their home to better maintain their independence.

10. Improve salary and benefits conditions for direct care workers to lower turnover rates and increase the quality of caregiving.

11. Increase the number of volunteer ombudsmen by recruiting, training, and retaining volunteers.

12. Future funding should support the Long Term Ombudsman's Office at appropriate levels for staffing and empower the position with greater authority to mandate service.

13. Develop methods that will enhance outreach efforts and increase participation of low income, minority and rural individuals.

Transportation

1. Initiate a task force to develop strategies for improving access to transportation for older and disabled persons.

2. Provide alternative transportation support systems to meet the needs of daily living for older adults, such as vans and custom trip vehicles.

3. Expand telemedicine programs to decrease the need and frequency of physical doctor visits.

Housing

1. Provide for a mixture of housing types within a neighborhood as well as promote the adaptability of the single family lot to accommodate building additions for aging family members.

2. Home design should be adaptable to making alterations for "aging in place." Aging-in-place adaptations are thoughtful design solutions by architects and developers such as: the substitution of door levers for doorknobs; easy to open drawers, windows and cabinets; slip-resistant flooring, stairs and driveways; the addition of wall mounted railings for balance and guidance.

3. Provide workshops for older adults and family members to learn about the methods and options of home conversion for older adults.

Elder Abuse

1. Coordinate with aging network and adult advocacy groups to heighten public awareness of all types of elder abuse through the dissemination of information and presentations to agencies and organizations.

2. Cooperate with law enforcement agencies and prosecution offices to effectively carry out prosecution of perpetrators.

3. Promote an increase of emergency shelters and services that address the needs of abused older and vulnerable adults.

4. Identify and encourage the development of innovative intergenerational programs that prevent isolation and assist in the reduction of abuse of older and vulnerable adults.

5. Increase knowledge about elder abuse issues among local law enforcement agencies.

Healthy Living, Disease Prevention and Treatment, Medical Insurance and Savings Alternatives, Mental and Behavioral Health

1. Coordinate with the Department of Health Services, County Departments of Health, the Area Agencies on Aging, AHCCCS, and other organizations to disseminate information on wellness, disease prevention, health care, and nutritional information.

2. Promote community-based efforts toward healthy living, such as exercise paths, fitness courses, walkways and trails.

3. Provide shopping-for-one and cooking classes to meet the changing caloric and nutritional needs of older adults.

4. Support wellness clinics for physical, mental, and spiritual health.

5. Encourage policy and programmatic changes to enhance current service delivery systems that address the needs of persons with Alzheimer's or related disorders and their caregivers.

6. Assist organizations in disseminating information to increase public understanding regarding the effects of and current research into Alzheimer's disease and related disorders.

7. Promote making disease prevention and self care a national priority. Increase funding for preventing chronic diseases, not just treating them.

8. Support smoking cessation programs such as *Freedom from Smoking Cessation Clinics* offered by the American Lung Association and the Arizona Prevention Center's Tobacco Cessation Program.

9. Update information and increase assistance related to the application for benefits, claims filing, purchasing supplemental and long-term care insurance, comparison of Medicare+Choice plans, Medicare rights and protections, and appeals processes.

10. Provide financing alternatives to pay for the increasing demand for health care services, especially for those with late-life, chronic conditions.

11. Medicare lacks coverage for optical and dental care. Provide alternatives for Medicare recipients to receive coverage for eyeglasses and dental work.

12. Encourage the development of mental and behavioral health programs in community and residential settings that target the specific needs of older adults.

Technology

1. Assess senior center participants' willingness to utilize information technology offered through a senior center.

2. In cooperation with Area Agencies on Aging, identify and partner with private industry to provide senior centers with computers, software, phone line installations, internet access, technical assistance, and cost sharing.

3. Expand computer literacy and computer-based training for older persons.

Part I
The Context of an Aging Arizona

POPULATION

National Trends

As the population of baby boomers approaches retirement, many forces are profoundly affecting and changing the demographics of the United States. Since the end of the baby boom (the period 1946 to 1964), breakthroughs in medical technology, healthier standards of living and a steady stream of net in-migration have produced the largest population over the age of 65 in the nation's history. Currently, 35 million Americans are age 65 and older. Not only is the absolute number of people in this population cohort the greatest this country has ever seen, but the relative share of the total population (12.7 percent) is also at its peak. These trends are projected to continue. By the year 2030, the population age 65 and older is expected to double to over 70 million people representing 20 percent of the total population (Table 1).

TABLE 1
Number of Persons in U.S. by Age Group

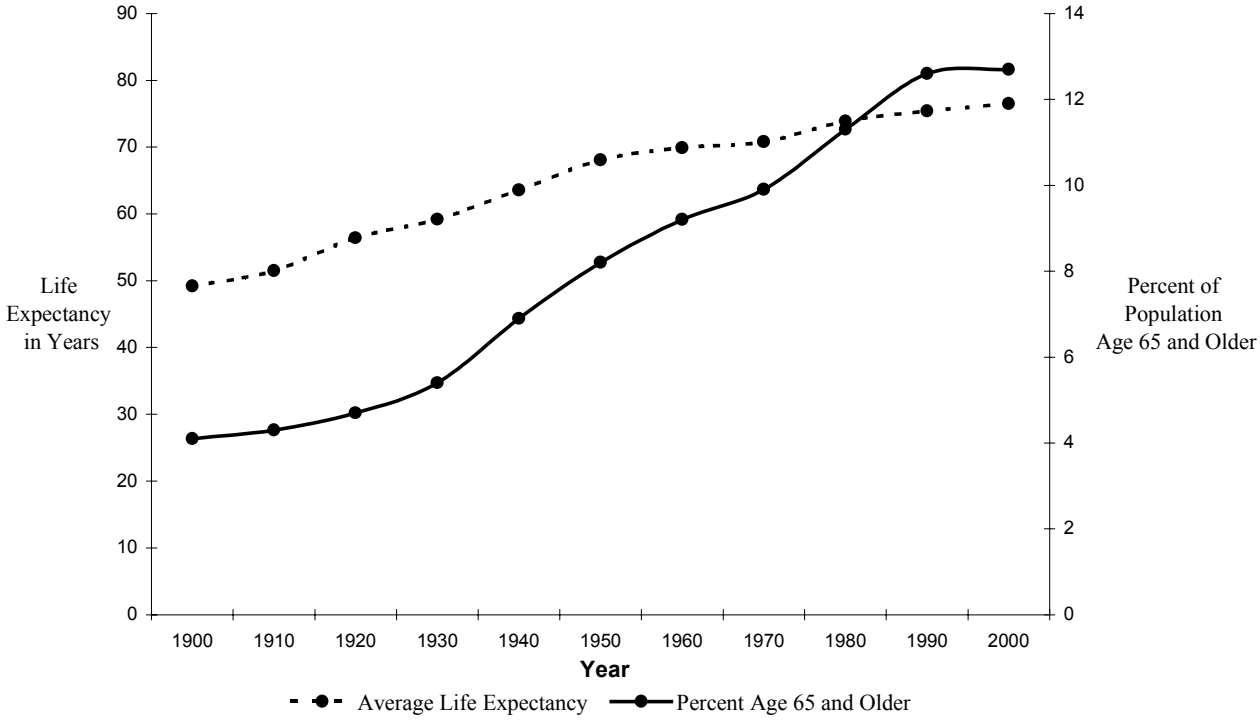
Year	65 or Older (in millions)	Percent of Total Population	85 or Older (in millions)	Percent of Total Population
1900	3.1	4.1	0.1	0.2
1920	4.9	4.7	0.2	0.2
1940	9.0	6.9	0.4	0.3
1960	16.6	9.2	0.9	0.5
1980	25.5	11.3	2.2	1.0
1990	31.2	12.6	3.1	1.2
2000*	34.8	12.7	4.3	1.6
2010*	39.7	13.2	5.8	1.9
2020*	53.7	16.5	6.8	2.1
2030*	70.3	20.0	8.9	2.5

* Projection

Source: Federal Interagency Forum on Aging-Related Statistics; U.S. Census Bureau.

The phenomenon most responsible for the rapid increase in population during the baby boom was a significant increase in fertility rates. Fertility rates hit their peak during the 1950s at 3.8 children per woman. However, fertility rates have been in decline ever since and are stabilized at 2.1 children per woman, just above the replacement ratio. Another phenomenon that presents a challenge as the generation of baby boomers matures is an increase in longevity. Average life expectancy in the United States experienced significant increases through 1950 and has been increasing steadily over the last half century. Efforts must be directed at ensuring a corresponding increase in *quality* of life to go along with increases in *quantity* of life (Chart 1).

Chart 1 U.S. Average Life Expectancy and Percent Age 65 and Older



Source: National Center for Health Statistics; Federal Interagency Forum on Aging-Related Statistics.

Arizona and Pima County

Arizona is home to an ever-growing number of older adults. The Arizona Department of Economic Security estimates that approximately 14.1 percent of Arizona's population is age 65 and older. This relative share of the total population is expected to increase to 21.3 percent by the year 2030. Currently, the percentage of those age 65 and older in Pima County (14.4 percent or 124,900 persons) is slightly greater than that of the State and 1.7 percentage points greater than that of the country as a whole (Table 2). The percentage of persons age 65 and older for the City of Tucson is slightly below the national average. Urban metropolitan areas tend to consist of younger, less wealthy populations. This phenomenon may account for the relatively low presence of older adults within the Tucson city limits.

TABLE 2
Population by Age Group in 2000

		65 and Older		85 and Older	
	All Ages	Number	Percent	Number	Percent
United States	275,130,000	34,817,000	12.7	4,312,000	1.6
State of Arizona	4,961,953	700,461	14.1	83,381	1.7
Pima County	867,363	124,900	14.4	13,010	1.5
City of Tucson	485,790	59,752	12.3	7,773	1.6

Source: U.S. Census Bureau, Population Estimates Program; Arizona Department of Economic Security; American Community Survey, City of Tucson Planning Department.

It is important to recognize that Arizona and Pima County far exceed the national average of older Americans. Figures shown in Table 2 above do not include seasonal visitors, which further adds to the population of older adults in Arizona. The relative difference in Arizona's population share of older adults is expected to increase as baby boomers approach retirement age and current migration patterns among older adults continue. This is precisely the concern that will determine Pima County's needs as it plans for the next three decades. The most significant increase within the older population is occurring among those 85 years and older. While the population of Arizonans age 65 and older is expected to double over the next 30 years, the number of persons age 85 and older is expected to do so in just 20 years. This will result in those age 85 and older representing a greater share of the aging population (Table 3).

TABLE 3
Estimated and Projected Population in Arizona by Age Group

	65 and Older		65 to 74		75 to 84		85 and Older	
Year	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
1900	3,328	2.7	2,422	2.0	727	0.6	179	0.1
1920	9,977	3.0	7,133	2.1	2,305	0.7	539	0.2
1940	23,909	4.8	17,186	3.4	5,636	1.1	1,087	0.2
1960	90,225	6.9	63,634	4.9	22,499	1.7	4,092	0.3
1980	307,362	11.3	202,120	7.4	86,104	3.2	19,138	0.7
1990	480,587	13.1	290,044	7.9	151,013	4.1	37,846	1.0
2000	700,461	14.1	367,791	7.4	249,289	5.0	83,381	1.7
2010	908,554	14.8	465,855	7.6	309,749	5.0	132,950	2.2
2020	1,296,878	17.6	747,151	10.1	383,063	5.2	166,664	2.3
2030	1,836,177	21.3	1,017,301	11.8	612,245	7.1	206,631	2.4
2040	2,196,032	22.3	1,038,975	10.5	830,921	8.4	326,136	3.3
2050	2,361,831	21.1	1,060,880	9.5	845,120	7.6	455,831	4.1

Source: U.S. Bureau of the Census, Population Estimates Program; Arizona Department of Economic Security.

Longevity

The primary influence behind this trend is a significant increase in longevity. At the time Social Security benefits began in 1939, average life expectancy at birth was only 63 years. Those age 65 could expect to live roughly 13 more years. By 1997, average life expectancy was 76.5 years at birth and those age 65 could expect to live 18 more years (Table 4). Increasing longevity presents significant challenges to future generations of older adults and their families, most importantly with regards to financial security, caregiving and health maintenance. Increases in life expectancy result in longer payment periods of social security benefits, a greater number of years spent living with chronic disease and increased stress on family members and caregivers who see the oldest through their last years. Significant advances have been made in the effectiveness of treating chronic disease. However, greater advances regarding the prevention and cure of such diseases remain critical.

TABLE 4
U.S. Life Expectancy in Years

	1900	1920	1940	1960	1980	1990	1997
Life Expectancy At Birth							
Total	49.2	56.4	63.6	69.9	73.9	75.4	76.5
Men	47.9	55.5	61.6	66.8	70.1	71.8	73.6
Women	50.7	57.4	65.9	73.2	77.6	78.8	79.4
Life Expectancy At Age 65							
Total	11.9	12.5	12.8	14.4	16.5	17.3	17.7
Men	11.5	12.2	12.1	13.0	14.2	15.1	15.9
Women	12.2	12.7	13.6	15.8	18.4	19.0	19.2
Life Expectancy At Age 85							
Total	4.0	4.2	4.3	4.6	6.0	6.2	6.3
Men	3.8	4.1	4.1	4.4	5.1	5.3	5.5
Women	4.1	4.3	4.5	4.7	6.4	6.7	6.6

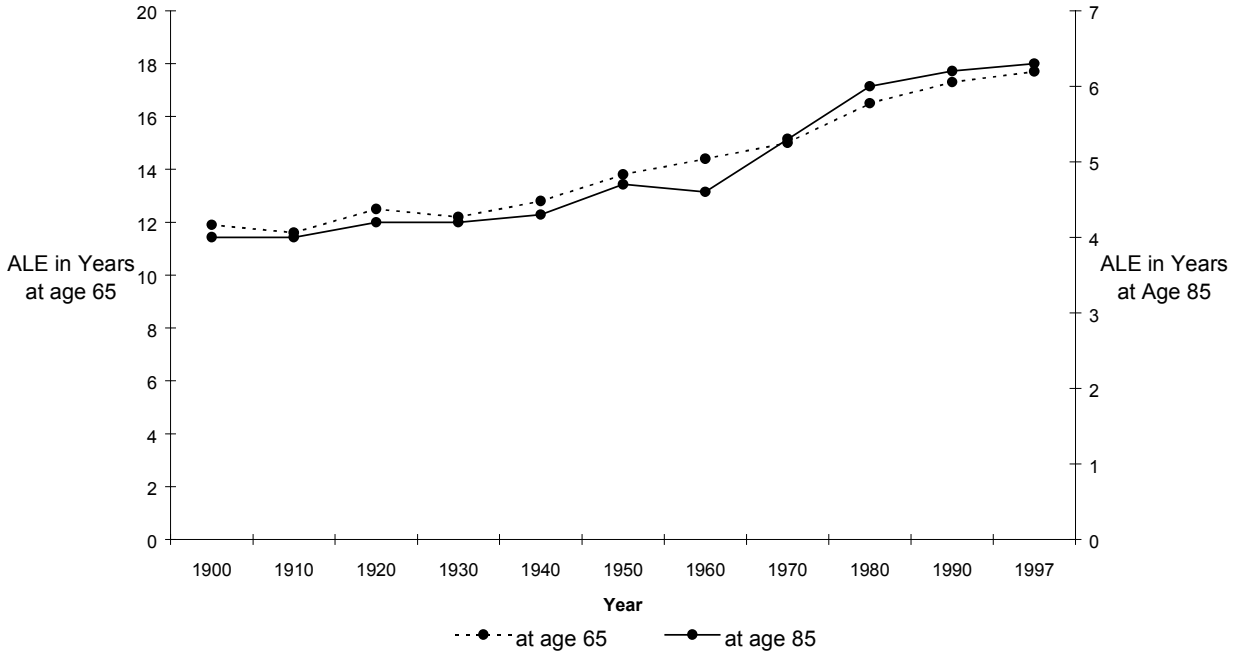
Source: National Center for Health Statistics, National Vital Statistics System.

During the first half of the twentieth century, America witnessed an incredible increase in longevity. People were living longer at unprecedented rates. Breakthroughs in vaccinations and antibiotics during the 1930s and 1940s resulted in increasing average life expectancy by over four years for each ten-year period. From the period 1900 to 1950, average life expectancy increased almost 19 years. This is in sharp contrast to an increase of less than half of that (8.4 years) over the period since.

Table 4 demonstrates not only that the share of older adults is getting *larger* but that it is getting *older* as well. This trend can be identified since 1960. Average life expectancy in 1997 for those at age 65 was 17.7 years. Those who were age 85 in 1997 are expected to live beyond the age of 91. Over the period 1900 to 1960, average life expectancy increased only 2.5 years (21 percent) for those at age 65 and 0.6 years (15 percent) for those at age 85. Over the shorter 37-year period since, average life expectancy increased 3.3 years (23 percent) for those at age 65 and 1.7 years (37 percent) for those at age 85 (Chart 2).

The increase in longevity among older adults can be attributed to a number of factors. One of the most important factors is an increase in awareness regarding the benefits of personal health and wellness. This awareness has made its way into both the home and the workplace. “Lifestyle medicine,” such as proper nutrition, routine exercise and increased self-assessment, has become recognized as the most important factor contributing to optimal health. The discovery of more effective medicine to treat chronic diseases such as cancer, heart disease, pneumonia and diabetes has also increased longevity. In addition, advances in medical technology have enabled procedures such as joint and organ replacement and arterial-bypass surgery to result in significantly higher success rates with much less trauma.

Chart 2: U.S. Average Life Expectancy (ALE) at Ages 65 and 85



Source: National Center for Health Statistics, National Vital Statistics System.

Shifts in the Aging Population

Arizona ranks 21st nationally in terms of the percentage of persons over age 65. However, this ranking does not reflect the influx of seasonal visitors from elsewhere in the country. According to the Arizona Department of Economic Security, the state will experience a net migration of over 11,000 people age 65 and older in the year 2000. Pima County is estimated to account for 22 percent of the state's migrating seniors (approximately 2,500 people). The capture of migrating seniors by Pima County is projected to increase to over 25 percent by 2030. According to a 1999 study by economist Marshall Vest, the total economic impact of migrating seniors in Pima County is nearly $37 million in direct spending.

Migrant retirees who relocate to other states typically have greater disposable incomes than those who stay in place; they move because they can afford to. Rather than causing a net drain on public resources, relocating retirees provide a net gain for their newfound locality because wealthier retirees typically do not draw from public aid. As the need for public aid increases, however, these retirees tend to take part in a counter-migration. This movement takes place among older adults who move from their new retirement locations after being widowed or falling ill, ultimately relocating nearer family members as their dependency increases.

This pattern appears among older adults in Arizona. The net migration of 2,500 people over age 65 accounts for 18 percent of the total migration into Pima County. For those migrants between ages 65 and 74, 2.25 people will enter Pima County for every one who leaves. This ratio is slightly higher than that of the state (2.0:1) among this age group. After age 80, an increase of

out-migration stabilizes net migration to a 1:1 ratio. Counter migration in Pima County, however, is not severe enough to result in a net loss of persons over age 80 beyond that which is caused by death. The overall net migration ratio for Pima County among those age 65 and older is 1.8:1, slightly greater than that of Arizona at 1.6:1.

New Aging in Pima County and Tucson

The two great demographic shifts that are occurring nationally need to be considered in assessing the needs and opportunities of the new aging population in Pima County. First, not only will the absolute number of persons 65 and older in Pima County continue to increase during the next several decades, but the relative share of older adults also will increase. In 1990, 13.8 percent of Pima County's population was age 65 and older. By 2010, that share is expected to be 16.2 percent (Table 5).

TABLE 5
1990 and Projected Population Age 65 and Older for Arizona and Pima County

	Arizona		Pima County	
Year	Number	% of Total Population	Number	% of Total Population
1990	480,587	13.1	91,971	13.8
2000	700,461	14.1	124,900	14.4
2010	908,554	14.8	167,412	16.2
2020	1,296,878	17.6	237,052	19.7
2030	1,836,177	21.3	320,475	23.3
2040	2,196,032	22.3	356,418	23.4
2050	2,361,831	21.1	374,161	22.4

Source: U.S. Bureau of the Census, Population Estimates Program, 1990; Arizona Department of Economic Security; American Community Survey; City of Tucson Planning Department.

Second, because of increasing longevity, the absolute and relative number of the oldest old will continue to grow. In 1990, 1.2 percent of Pima County's population was age 85 and older. That proportion is expected to more than double to 2.6 percent by 2010 (Table 6).

TABLE 6
1990 and Projected Population in Pima County by Age Group

	65 and Older		65 to 74		75 to 84		85 and Older	
Year	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
1990	91,971	13.8	55,069	8.2	29,077	4.4	7,825	1.2
2000	124,900	14.4	67,109	7.9	49,279	5.8	16,737	2.0
2010	167,412	16.2	83,284	8.1	57,226	5.5	26,902	2.6
2020	237,052	19.7	133,874	11.1	71,697	5.9	31,481	2.6
2030	320,475	23.4	167,063	12.2	113,826	8.3	39,586	2.9
2040	356,418	23.4	153,894	10.1	140,559	9.2	61,965	4.1
2050	374,161	22.4	166,288	10.0	128,993	7.7	78,880	4.7

Source: U.S. Bureau of the Census, Population Estimates Program, 1990; Arizona Department of Economic Security; American Community Survey; City of Tucson Planning Department.

The projected increase in the age 85 and older population cohort also represents a relative increase in the cohort's share of the age 65 and older population, accounting for 9 percent in 1990 and 21 percent in 2050. The age 85 and older population has a unique set of needs that differ from that of the overall population of older adults. Improvements in both human and physical infrastructure should be considered to accommodate these oncoming changes.

Distinguishing the Aging Population by Race, Ethnicity and Sex

Another significant shift in U.S. demographics is occurring with regard to ethnic makeup. Hispanics represent an increasing share of the population across the nation and in Arizona. Persons of Hispanic origin are those who classify themselves as being Mexican, Puerto Rican, Cuban, or of other Spanish, Hispanic, or Latino origin and may be of any race. Hispanics nationally represent 5.6 percent of the population age 65 years and older. This is expected to increase to approximately 16.4 percent by the year 2050.

Pima County has a much greater share of Hispanics than the nation in general. Of the total population in Pima County, the relative share of Hispanics increased from 24.2 percent in 1990 to 29.6 percent in 1999. The concentration of Hispanics is much greater in the City of Tucson than in Pima County as a whole. Hispanics accounted for 35.7 percent of the total population in the City of Tucson in 1999, compared to 29.6 percent in Pima County. Hispanics account for approximately 7 percent of Arizona's population over age 65 and more than 10 percent of that same cohort in Pima County. Over the period 1990 to 1999, the proportion of African-Americans in Pima County increased from 3.1 percent to 3.6 percent while the share of Native Americans grew from 3.0 percent to 3.2 percent. Asian and Pacific Islander populations experienced no significant increase. The trend toward greater ethnic and racial diversity will continue.

Among the population age 65 and older, women represent an increasing share of the cohort as it ages. A significant difference in longevity between men and women accounts for this phenomenon (Table 4). Combined with the historic tendency for women to marry men older than themselves, married women age 65 and older can expect to outlive their husbands by approximately ten years. This results in approximately one-half of all women age 70 and older being widowed.

Support Ratios

One way to analyze how the population is growing older is through elderly support ratios. The elderly support ratio is the ratio of the elderly population (those age 65 and older) to the working-age population (those age 20 to 64). It is acknowledged that not all of those in the working-age population are employed and that not all of those age 65 and older are retired. However, the use of support ratios is still valuable in illustrating a shift in population share and is used as a standard measure for social security support. The concept of an age-based support ratio masks increasing worker participation among the age 20 to 64 year age group as more women have joined the work force. Increased full and part-time worker participation in the age 65 and older age group could further erode the utility of the concept.

As the generation of baby boomers retires over the next three decades, there will be fewer working age adults paying into state and federal programs to support retirees. According to the

Arizona Department of Economic Security, Arizona's elderly support ratio is currently .25, slightly higher than the national ratio of .22. An elderly support ratio of .27 illustrates Pima County's relatively greater concentration of older adults. This ratio of .27 equates to 3.7 people age 20 to 64 able to support each person age 65 and older.

By the time baby boomers finish entering retirement in 2030, it is estimated that Pima County's elderly support ratio will be .45 (2.2 working age people able to support each older adult). This ratio will be significantly higher than that of the state (.40) and the nation as a whole (.37). As the percentage of the population acting as caregivers and supporting public assistance programs decreases over the coming decades, Pima County must position itself to creatively address this inevitable challenge. Possible alternatives include decreasing the dependency of older adults on public assistance programs and program restructuring.

By the year 2030, elderly support ratios will begin to decline due to a stable increase in the working age population as the generation of baby boomers thins out. In 1997, the population of children in the United States finally rose above the peak level previously set during the baby boom. This population is referred to as the "millennium generation" and is driven by the offspring of baby boomers called the "baby echo." Support ratios will decrease as these two groups enter the labor force.

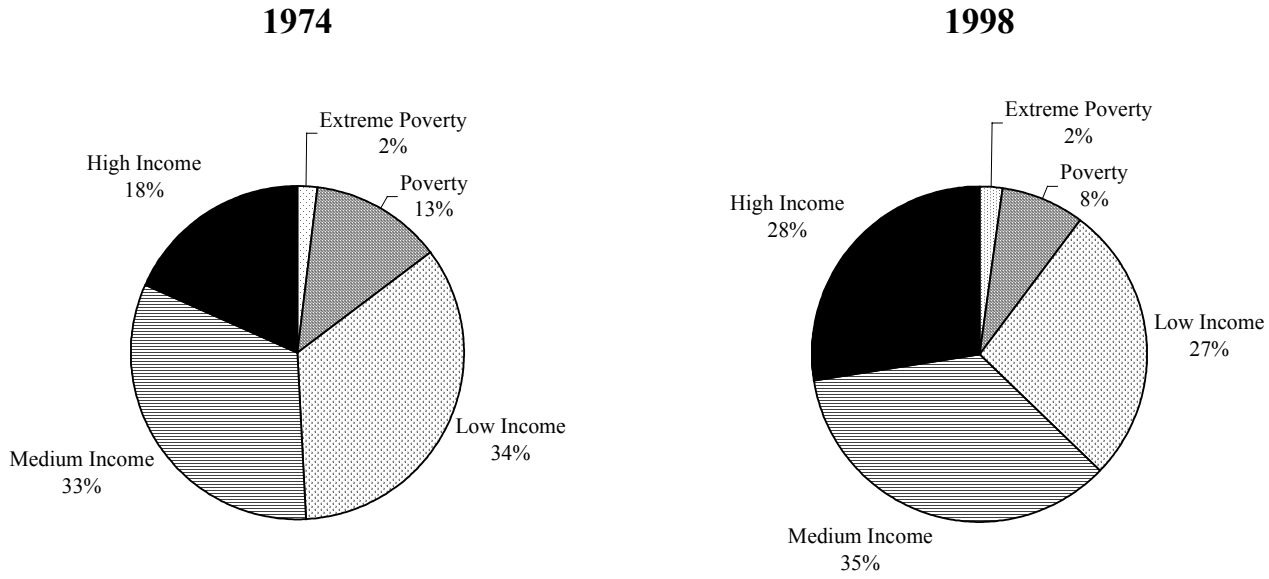
As Pima County and Tucson continue to experience the pronounced demographic transformations that are changing the face of the United States, our community is presented with a complex set of challenges. These challenges, however, also hold much promise and opportunity for us to grow into a healthier and more well-balanced community. In order to reach this goal, planning for housing, health care, transportation, continuing education, community integration and citizen participation needs to reflect the demographic and economic realities of our community.

FINANCIAL SECURITY

Income Distribution

Analyzing the income distribution of the population age 65 and older provides important insights into the economic well-being of older adults. Nationally, over the period 1974 to 1998, the percentage of older adults in poverty and low-income categories has declined while the percentage of those with medium and high income has increased (Chart 3). This indicator of economic health illustrates that the income gap among older Americans is closing. However, even with these improvements, more than one-third of older adults live in "poverty" and "low income" brackets and a disproportionate share of women and minority groups still are mired in poverty.

Chart 3 Income Distribution of U.S. Population Age 65 and Older



Source: Federal Interagency Forum on Aging Related Statistics; March Current Population Survey.

Poverty

The percentage of older Americans living in poverty has declined over the last forty years from 35.2 percent to 10.5 percent. Historically, older adults were much more inclined to live in poverty than the general population. Today, the percentage of those living in poverty among older adults and working-age is roughly equivalent. However, among older Americans, the poverty rate is higher at older ages and among minority groups (Table 7).

TABLE 7
Persons Age 65 and Older in U.S. Living in Poverty

	Percent
Age 65 and Older	10.5
Age 65 to 74	9.1
Age 75 to 84	11.6
Age 85 and Older	14.2
Women	12.8
Men	7.2
Non-married	17.4
Married	4.9
Non-Hispanic Black	26.4
Hispanic	21.0
Non-Hispanic Asian	16.0
Non-Hispanic White	8.2

Source: Federal Interagency Forum on Aging-Related Statistics; March Current Population Survey.

Minority women age 65 years and older are the most economically disadvantaged. In Pima County, Hispanic women account for more than 75 percent of the elderly poor. Nationally, more than one-third of all older adults live on less than $16,000 per year.

Social Security and Retirement Planning

The status of social security is one of the most significant issues facing the new aging population. Conflicting studies and political interests have caused much confusion and skepticism over the health and longevity of the social security system. While the system is not in immediate danger, many question its ability to withstand the pressures of the oncoming surge of retiring baby boomers. As noted previously, support ratios are increasing with a greater percentage of the non-working population dependent on the support of a relatively smaller working population.

About 27 percent or 370,000 of all households in Arizona received social security income in 1999. In Pima County, the number of households receiving social security income was 89,476 or 28.3 percent of all households. This share is expected to increase in conjunction with the increasing population of aging adults. Average social security income for Pima County was $11,538 (in 1999 dollars). By comparison, national poverty thresholds for 1999 were $7,990 for an individual over age 65 and $10,070 for a couple. In 1999, the median gross rent for Pima County was $554 per month accounting for well over half of the average monthly social security payment of $962. It is clear that Pima County's older adults who depend on social security as their sole source of income can expect to live at near-poverty levels and, for many, inhabit sub-standard housing.

Many of the commonly held myths of social security were addressed in the July 3, 2000 issue of *Newsweek* magazine. The discussion pointed out some of the immediate challenges facing an overhaul of the system and presented possible approaches to achieving financial solvency. Much of that discussion is paraphrased here.

Myth #1 Social security is a pension plan.

Social security is actually an intergenerational transfer program. There is no pension fund to handle the payments. Social security taxes are credited to what is commonly referred to as a "trust fund." Benefits received are ultimately charged against this fund. At its inception, President Franklin Delano Roosevelt believed that having a trust fund pay out benefits, rather than the U.S. Treasury, would make the program *look* more like a pension plan than a government handout. The social security trust fund consists of Treasury bonds. When the time comes to convert those bonds into cash, the government will have to cut expenses, increase income, or borrow from private investors. This is exactly what would have to happen should the money come from the Treasury. The trust fund should not be thought of in the actual sense but only as an accounting framework. Benefits are in no way protected by this fund.

Money put into the system by an individual does not get set aside for that individual. Current payments are used to send checks to current beneficiaries. Future benefits will be paid for by the payments of future generations. These future benefits are only loosely related to how much an individual has paid into the system.

Myth #2 Putting social security money into stocks will solve the problem.
The problem is not that the system is not investing its money well; it's that too few workers will be supporting too many beneficiaries. This trend is illustrated in the previous discussion of support ratios. In 1945, there were 42 taxpayers for each social security recipient. Today, there are only 3.4 with 2.8 projected in 2015. While the relative taxpayer base has decreased, overall benefits have increased. Survivors and disabled people now receive more than one-third of social security payments. This means that more than one-third of the money paid into social security does not go to retirement at all.

Switching to a system in which most or all of an individual's benefits are individual investment accounts would change the program from "social security" to a "pension plan." The current system is progressive, which means that lower-paid people get a larger relative benefit than higher-paid ones. Benefits range from 90 percent of covered wages for the lowest paid to 27 percent for the highest-paid. This feature is what hedges against increasing economic disparity and widespread poverty. Allocating two percent of payroll taxes into investment accounts would result in only $517 per year invested for the average worker and less than $200 per year for nearly 40 million people in low-income brackets.

By 2038, social security's cash income will fall below its cash outflow. When the cash shortfall comes, the government will have to tap general revenues (i.e., income taxes) or the capital markets to redeem the trust fund's securities. This will alter the relationship between the benefits received and the payments paid into the system.

The *Newsweek* discussion poses the following realities: Fixing social security will be painful and expensive. The earlier we fix the problem, the less painful it will be. Small changes now can be compounded over decades to right the system, rather than waiting for impending crisis. The program will have to either take in more money or pay out fewer benefits. Changing the retirement age and inflation adjustment are both forms of cutting benefits.

Social security has done a wonderful job of reducing poverty among older adults, the disabled and the children of deceased workers. Poverty rates for older Americans have been in near constant decline since 1959. When it was created 65 years ago, there were virtually no pensions from employers, no 401(k) or IRA-type retirement plans and little stock market investment by individuals. The long-term solution will be a balanced three-tier system of social security, employer pensions and personal savings accounts.

The initial role of social security was to serve as a "security net" for America's older adults and was intended to be supplemented with personal retirement savings. It was never intended to be the sole source of income for retirement as it currently is for 42 percent of older adults. That social security allowances are relatively close to the poverty threshold illustrates that social security continues to serve only as a financial net and not as the exclusive source of income. However, today's generation of aging adults are saving much less than those in the past. This presents a real challenge to the financial security of retiring baby boomers. A lack of personal retirement savings combined with growing income disparities among rich and poor boomers, presents a looming threat that many of America's aging may spend up to a third of their life in or near poverty.

Although many baby boomers earn significantly more than those in previous generations, a perilous number have accumulated high levels of debt and do not have established patterns of voluntary retirement saving, investing or planning. The savings rate among individuals has declined significantly in the last fifty years from 11.7 percent in 1950 and 10.8 percent in 1970 to an incredibly low 4.9 percent in 1990. Excluding pension plans, the personal savings rate of America is under two percent. The introduction of personal lines of credit since 1970 will certainly have an effect on the retirement savings of America. Since 1984, the median household net worth among those age 55 and older has increased. However, net worth among baby boomers (ages 45 to 54) has decreased (Table 8).

TABLE 8
U.S. Median Household Net Worth (in 1999 dollars)

Age of Head of Household	1984	1989	1994	1999
45 to 54	$110,600	$98,500	$107,300	$85,000
55 to 64	$118,600	$149,800	$157,400	$145,000
65 to 74	$109,200	$126,300	$130,400	$190,000
65 and Older	$93,000	$101,500	$112,400	$157,600
75 and Older	$80,200	$84,000	$93,900	$132,900

Source: Federal Interagency Forum on Aging-Related Statistics; Panel Study of Income Dynamics.

Even as many older adults plan to continue working past age 65 to some degree, the trend toward early retirement is growing. Seventy percent of today's retirees left the workforce before age 65, with forty percent leaving before age 60. On average, Americans in their mid-50s have saved about $71,250 for their retirement. Two-thirds of boomers say they will need more than $200,000 with the remaining one-third claiming to need more than $500,000 to retire comfortably at the age of 65. The question remains: How will most find the money?

Those individuals who are currently age 65 and older lived through a very different time in America when most could not purchase items with money they did not have. This consumer behavior helped engender a propensity to learn to go without. Many of the baby boomers, however, possess a very different consumer behavior and will not only want more but may very well, after the payment of personal debt, have less.

Lifestyle

Behavioral Characteristics of the New Aging

The behavioral characteristics that define the baby boomers are very different from those of their parents. The new aging were the first to experience an age of abundance. They were also the first to become a media generation. These two factors played a primary role in establishing a new consumer culture. This group was also the first to experience widespread levels of high stress.

However, the generation of the new aging also holds a new respect for the environment. They are more likely to question the status quo, speak out, and challenge authority. The new aging experience a much greater rate of labor participation among women and redefined traditional models of marriage and family. Seventy-five percent of the new aging are married, 75 percent

have children and 66 percent own homes. Eighty-four percent of men among the new aging said they spend more time with their children than their father spent with them.

As baby boomers age into retirement, they will continue the need for activity and social involvement as part of their lifestyle as older adults. Past images of a leisurely retirement in quiet isolation are now giving way to participatory and active lifestyles that engage the physical, intellectual, spiritual and creative capacities of older adults. Currently, retirees spend an average of 43 hours a week watching television. A future challenge is to provide older adults with places and opportunities to meet in interest groups, a crucial element in the participation of a healthy social and civic life.

Volunteerism

National statistics report that less than one-third of those over age 55 remain in the workforce. However, much of the *work* done by older adults, such as volunteering, is not recognized in the labor statistics. Among the population age 51 to 61, only 27 percent plan to stop working entirely at the age of 65. This is partially a sign of the growing dissatisfaction with a sedentary retirement lifestyle typically portrayed for older Americans. Community and political involvement is high among the aging population, with over two-thirds of those age 65 and older voting. This political power and influence has become known as "gray power" and will continue to grow as the relative share of the aging population increases and an ethic of citizen involvement remains strong.

While rates of political participation are high among older adults, rates of volunteerism are lower than any other adult age-group. This is a disappointing characteristic of today's older adults, but one that has incredible potential for change. The volunteerism rate for those age 33 to 54 is 55 percent. However, this rate drops to 46 percent after age 55. The percentage of the entire adult population volunteering has increased in recent years (reaching 56% in 1998), however, the amount of hours spent volunteering has decreased (3.5 hours per week in 1998). This has resulted in the net effect of fewer full-time equivalent (FTE) volunteer hours among all adults. The role of the new aging in maintaining high levels of community participation and volunteer activity is crucial. The unique behavioral characteristics of the generation of baby boomers have the ability to positively change the face of older Americans. A melding of generational behaviors can combine high rates of political activism with high rates of volunteerism to create some of our community's most valuable citizens.

Political Activity and Voting Behavior

Older adults are typically more politically active than other adult age groups. Although they are diverse in their attitudes, interests and behaviors, they vote at high rates compared to younger persons and maintain a considerable interest in political affairs. Advocacy groups for older persons have achieved visible and often prominent roles in influencing public policies. In addition, persons in late middle age and old age hold a disproportionate share of high political offices world wide, especially at the highest levels of national leadership. In 1975, the U.S. Congress consisted of 39 percent of senators and 21 percent of representatives age 60 and older. In 1993, there were fewer older senators (34 percent) and more older representatives (24 percent).

Compared to younger people, older adults tend to engage in low-intensity political activities (such as voting) more than demanding and energetic forms of participation (such as protest demonstrations and campaign work). In Arizona, 75 percent of older adults are registered to vote with 82 percent of those registered voting. This equates to roughly two-thirds of those age 65 and older voting.

Although older adults vote at a high rate, they are as diverse in their voting patterns as any other age group. Their votes divide along the same partisan, economic and social lines as those of the electorate at large. Older and middle-aged voters were never more than 10 percentage points apart in presidential elections from 1952 through 1980. Interestingly, the electoral choices of older voters are very rarely based on age-group interests. There appears to be little evidence that older voters base their votes on senior policy issues or a candidate's platform regarding support for older adults. Republicans represent 48 percent and Democrats 44 percent of all registered citizens in Arizona age 60 and older. In Pima County, Democrats represent 44 percent and Republicans 38 percent of registered voters of all ages.

Research indicates little evidence of intergenerational conflict over age-related policies. Support for spending increases on Social Security, Medicare and other age-specific benefits appears to be very high among adults of all ages. Rather than a unified front in favor of increased old age benefits, older adults are also divided over these issues. These divergences primarily run along party lines and economic status.

Recent years have witnessed a tremendous expansion in the number, membership, visibility and political activity of old age interest groups in the United States. Age-based interest groups have achieved great influence and legitimacy with policy makers in the aging field. Policy expertise and well-connected lobbyists give these groups easy access to public officials. Their large and active memberships also enhance their access. Older members can be mobilized to contact policy makers in large numbers and few politicians want to risk alienating such a large, dispersed segment of the electorate. Furthermore, older Americans as a group possess a high degree of legitimacy as government beneficiaries among both political elites and the general public.

Maintaining Careers and Continuing Education

Retirees are increasingly seeking some kind of work after formal retirement. They also are seeking social and intellectual stimulation, often found in towns near college campuses. Retirement communities associated with universities are already located, for example, at Iowa State, Penn State, Stanford, Virginia, Ithaca College and the University of Arizona. According to a Harvard University study, those over age 65 who eat out, play cards, go to movies and are socially active live an average of 2.5 years longer than more reclusive people. Social integration and involvement in the community not only serve to ameliorate commonly held stereotypes of older adults but also help maintain mental and physical wellness.

Universities, community colleges and high schools are a valuable resource in educating people of all ages. However, courses and programs directed specifically at older adults offer not only an opportunity to remain intellectually stimulated but also would strive to develop new knowledge and skills. Continued training and skill development of older adults is essential in meeting the employment needs of the community. Participation in continuing education is also a valuable social activity, as well as an opportunity to interact among generations. Twenty-five years ago,

the idea that people would spend their retirement involved in learning was exotic. Today, hundreds of thousands of people over the age of 55 take Elderhostel classes. The success of Elderhostel has spawned an entire industry of learning in retirement, involving universities, corporations and travel groups.

PHYSICAL COMMUNITY

Housing Characteristics

The presence of the aging population in Pima County can be evidenced by the significant amount of age-restricted housing. Since 1987, 14.8 percent of all single family housing construction in the Tucson metropolitan area has been age restricted. This does not include manufactured housing, a housing type preferred by many older adults for its affordability and ease of maintenance. The aging community in Arizona tends to settle more in suburban and rural areas than urban ones. The share of the population over age 65 in Pima County is 14.4 percent compared to 12.3 percent within the city of Tucson.

In 1960, 40 percent of those age 65 and older lived in the home of an adult child. By 1999, this number had dropped to 4 percent. Adult children, while for the most part no longer directly house their aging parents, may be providing financial or other support for a variety of independent housing options. The dissolution of intergenerational connections between young and old at the household level can be identified as a factor leading to misunderstanding and ageism among generations.

The makeup of housing types inhabited by Arizona's older adults differs from that of the younger populace in a number of ways. Single family detached and townhouse structures represent the bulk of housing for both age groups, with these one-unit structures comprising 62 percent of the housing for older adults and 63 percent of the housing for householders under age 65. Multifamily units with two or more units per structure comprise just 16 percent of the senior housing, compared to 27 percent of the housing for younger householders. Mobile homes house 22 percent of all older adults in Arizona, more than twice the percentage of younger householders (10 percent) who live in these structures.

The nation's older population is far more likely to own their own homes than are younger age groups. This is especially true in Arizona where 81 percent of householders age 65 and older own their homes, higher than the nationwide average of 77 percent. Just 59 percent of Arizona's younger householders own their own homes. Home ownership does decline with advanced old age, however. While 84 percent of householders between the ages of 65 and 74 own their own homes, this percentage slips to 77 percent for householders age 75 and older.

Land Use and Urban Design

Contemporary housing types, such as the suburban single-family detached house and multi-story apartment complex, do not meet the unique housing needs of many older adults. Many building and land-use codes currently restrict the construction or addition of small studios or "granny flats" on most properties. The large square footage of most new housing, for physical and economic reasons, excludes many older adults who live on fixed incomes. Most housing that is of a small, easily maintainable size, with access to transportation and services, can be found only

among older housing stock dating before 1960. The lack of good quality, affordable and accessible housing alternatives often motivates many older adults to consider the appealing amenities of age restricted communities.

Age-restricted communities provide a common ground where people of like values can live. These communities provide a critical mass of older adults that can support and make feasible many of the services required for various levels of assistance with daily living (for example, shopping, transportation, home-maintenance services and health care needs). The concentration of older adults also gathers enough people and resources to participate in the activities of a senior center.

For all the benefits of age-restricted communities, there are drawbacks as well. While residents are immediately surrounded by others somewhat like themselves, the physical and social isolation that occurs often results in an overall exclusion from participation in the larger community as a whole. Age-restricted communities also contribute to socioeconomic exclusion within the older generation itself. With increasing pluralism in our society, inclusionary living practices serve to increase awareness and understanding among generations. Integrated, intergenerational living can help break down stereotypes and decrease the isolation where, for instance, loneliness and elder abuse can occur.

The design of homes and neighborhoods needs to provide for and encourage the presence of older adults. Homes should be adaptable to allow for "aging in place." Planning and urban design principles should encourage mixed-use communities with diverse housing types. Access to commercial and public services should be within walkable distances and be accessible by public transportation. Current specialty senior transportation services such as group vans and individual trip carriers are inefficient and costly for the user.

Transportation

Sun Tran, Tucson's Public Transit Authority, offers a number of services directed at increasing the affordability and accessibility of transit for older adults. Sun Tran services 200 square miles--an area that includes over 500,000 people. Individual fares for those age 65 and older are $0.40, a 60 percent discount from the standard $1.00 fare. Monthly bus passes for older adults can be purchased for $12.00. Bus routes also are designed to increase the mobility of older adults. Four specific routes, servicing four different areas of the city, have been developed under the *Out and About* program. These routes are specifically designed to access senior centers, health care facilities, medical centers, banks, grocery stores, shopping centers, libraries, municipal service centers and parks and recreation centers. All buses now have the ability to "lean" down to meet the curb, easing difficulties in entering and exiting the bus. The majority of buses will also have wheelchair capabilities.

Public transit in Tucson's urban core has made the mobility of older adults much more affordable and accessible. However, many aspects of traditional bus service remain inadequate in serving the transportation needs of older adults. Of the 2,150 bus stops in the Tucson area, only 639 are sheltered from the weather. Over the next two years, the City of Tucson will continue their effort to redesign new bus shelters and replace many of the existing bus stops with bus shelters. In addition, long waiting times as well as long walking distances to bus stops on unimproved

roadways also present difficulties for many older adults. Some portions of Pima County lack bus access entirely.

The Challenge of Driving

As the aging process occurs, both physical and mental faculties become less acute. The maintenance of health and safety standards among older adults is important for the driver of an automobile, its passengers, and others on the road. In Arizona, drivers age 65 and older have to renew their license every five years. Since 1993, the state has issued a lifetime drivers license that is valid until the 65th birthday, providing that the motorist passes a vision screening and updates the photo every 12 years.

The Motor Vehicle Department (MVD) has instituted a number of methods to monitor driving abilities. Any person who has multiple violations and convictions can be sent to "Traffic Survival School." In addition, the MVD has a Medical Review Board that reviews people's driving abilities. Referrals to the Board come from doctors, family members, and law enforcement officers. However, family members and police officers must state specific reasons for their concerns and sign the letters they send. The Board can then ask someone to come in for a road test and for an additional vision screening. The most important thing to note, however, is that driving is an issue of ability, not age.

SOCIETY

Ageism and Discrimination

Congress passed the Age Discrimination in Employment Act (ADEA) in 1967. As subsequently amended, it forbids employers to discriminate on the grounds of age against any employee age 40 and older. Mandatory retirement at any age is now forbidden. Employers cannot treat people over age 40 differently based on statistical discrimination, *i.e.*, the thinking that a certain skill or function cannot be executed because of an individual's age or that it can be performed better by someone younger. Employers can fire individuals, however, for poor job performance, even if the lack of performance is due to the aging process.

When age discrimination in employment legislation was passed in 1967, age discrimination was widely and openly practiced. Today, employers are more aware of the standards by which they must abide as well as more savvy when ignoring those standards. While it is difficult to measure just how prevalent age discrimination is, stereotyping among older adults, the new aging and today's youth remains a barrier between generations.

A lack of physical interaction among generations has resulted in a lack of or false understanding of each other. As many older adults isolate themselves in age-restricted communities, their depictions of the new aging and youth populations come mostly through the media. This portrayal often heightens established stereotypes and even instills a sense of fear. As Ken Dychtwald, author of *Age Power*, states:

> Developing a philosophy and a new set of ground rules for intergenerational relations presents a novel set of considerations. First, we must establish a basic understanding of each generation's composition, style and identity. Next, it's

critical to take stock of the relative power and influence among the different generations. Only then can we create programs that will bring each generation's needs, interests, contributions and demands into greater balance in the 21st century.

Elder Abuse

Elder abuse is a serious concern as a greater share of the population becomes a potential victim. The clinical history of elder abuse suggests that it gets worse, not better, in terms of frequency and severity. Intervention is imperative. Over ten percent of the cases in the Tucson Unit of the Arizona Attorney General's Office are for fraud against older adults. Cases of fraud against older adults have increased over the past three years and are expected to continue to do so.

Forms of elder abuse include physical abuse, psychological abuse, caregiver neglect, self neglect and exploitation. A nationwide report found two-thirds of the victims of elder abuse to be women, while abusers were equally inclined to be either male or female. The majority of abusers are spouses or partners, followed by adult child caregivers and other family members. From 1984 to 1996, reported cases of domestic abuse among the elderly rose from 117,000 to 241,000, an increase of over 100 percent. Although comprehensive data are not available to provide a complete description of elder abuse, studies do indicate that instances of elder abuse are increasing.

Amendments in 1987 to the Older Americans Act began funding services for elder abuse. These services range from prevention to investigation and prosecution. Elder abuse in Arizona is investigated by Adult Protective Services, which is administered by the Aging and Adult Administration within the Arizona Department of Economic Security. There are six regional offices statewide, of which Pima County constitutes Region II.

New legislation in 1999 increased reporting intake by Adult Protective Services to a 24-hour per day operation. However, investigation of cases remains inadequate with only 70 percent of reported cases being followed up. Investigative services only operate on a five day, 8 A.M. to 5 P.M. basis. The provision of emergency support facilities is an essential part of the protective services system. Elder Shelter is an emergency care program for those age 60 and older who suddenly find themselves with nowhere to go, due to the loss of a caregiver or because of fraud or abuse. The program finds temporary placement for abused or neglected persons in one of 41 licensed care centers in Pima County for anywhere from one day to a couple of weeks. It is funded primarily by an annual $50,000 grant from Pima County.

Law Enforcement

The prosecutorial response to elder abuse occurs through two divisions within the Arizona Attorney General's Office. The Elder Affairs Program in the Civil Division is an advocacy-oriented program protecting the legal rights of older adults. This program maintains the Elder Abuse Registry, which records all civil and criminal complaints against vulnerable adults. The other division is the Arizona Health Care Cost Containment System (AHCCCS) Fraud Control Unit. This division is a federally funded program that investigates and prosecutes medical provider fraud and patient abuse affecting AHCCCS. It is imperative that coordinated cooperation continues to exist among law enforcement and prosecutorial agencies.

HEALTH STATUS

Personal Health Habits

Personal health and nutrition habits among older adults have improved significantly over the last century. Proper nutrition, sleep and exercise, combined with an increase in self-awareness and continuing intellectual involvement, have resulted in a significant number of older Americans rating their health as good or excellent (Table 9).

TABLE 9
Persons in U.S. Age 65 and Older Reporting Good to Excellent Health

	Percent
65 and Older	72
65 to 74	74
75 to 84	69
85 and Older	65

Source: Federal Interagency Forum on Aging-Related Statistics; National Health Interview Survey 1994-1996.

However, even with the great majority of older adults reporting to be in good health, many suffer from combinations of poor nutrition, chronic disease and debilitating mental health conditions. Older adults are at increased nutritional risk due to factors associated with aging such as poverty, physical inability to shop, cook and feed oneself, inadequate or monotonous diet, unintentional weight loss or gain, alcoholism, poor appetite and depression. Meal programs such as home delivered and congregate meals are a valuable service. Arizona's Aging and Adult Administration estimates a need to annually provide over 3.3 million meals for more than 38,000 individuals. Sixty-four percent of older adults receiving home delivered meals are unable to grocery shop and 41 percent are unable to prepare their own meals. Nutrition programs serve to ensure that older adults receive at least 33 percent of the recommended daily allowance of key nutrients as well as provide social interaction to prevent isolation.

Disability

Even as longevity increases and chronic health conditions persist, disability among older adults has decreased over the last two decades. The proportion of Americans age 65 and older with a chronic disability declined from 24 percent in 1982 to 21 percent in 1994. However, despite the decline in rates, the *number* of older Americans with chronic disabilities increased by about 600,000. This is due to the older population cohort, which is growing at a pace fast enough to outweigh the decline in rates.

The ability to independently perform certain physical functions is extremely valuable in contributing to one's overall functional health. The desire to maintain functional independence is prevalent across culturally diverse groups and is related to other concerns, such as fear and anxiety, that contribute to one's psychological health. The potential to suffer from chronic disability is greater among women than men (Table 10).

TABLE 10
Percentage of Persons in U.S. Age 65 and Older Who Are Chronically Disabled

Year	Total	Men	Women
1982	23.7	19.5	26.5
1984	23.7	18.4	27.2
1989	22.7	17.4	26.2
1994	21.1	15.5	24.9

Source: Federal Interagency Forum on Aging-Related Statistics; National Long Term Care Survey.

Mental Health

Approximately 18 percent of older adults have some kind of mental health need. As aging occurs, it is often accompanied by spousal and family loss as well as a loss of physical health, mobility and independence. Among the most common mental health problems among older adults are isolation, loneliness and depression. Women, because of their tendency to live longer, are at greater risk of suffering from severe depressive symptoms (Table 11). Roughly 15 percent of older Americans age 65 to 84 had severe symptoms of depression in 1998. This increases dramatically to 23 percent after the age of 85.

TABLE 11
Percentage of Persons in U.S. Age 65 and Older with Severe Depressive Symptoms, 1998

Age Group	Total	Men	Women
65 to 69	15.4	12.1	18.0
70 to 74	14.3	10.3	17.2
75 to 79	14.6	10.4	17.4
80 to 84	20.5	17.1	22.4
85 and Older	22.8	22.5	23.0

Source: Federal Interagency Forum on Aging-Related Statistics; Health and Retirement Study.

Memory impairment, dementia and Alzheimer's disease are all high-risk factors for needing long-term care. In 1998, the percentage of older adults with moderate or severe memory impairment ranged from 4 percent for those age 65 to 69, to 36 percent for those persons age 85 and older (Table 12).

TABLE 12
Percentage of Persons in U.S. Age 65 and Older with Moderate or Severe Memory Impairment, 1998

Age Group	Total	Men	Women
65 to 69	4.4	5.3	3.8
70 to 74	8.3	10.1	6.9
75 to 79	13.5	16.2	11.7
80 to 84	20.1	22.8	18.5
85 and Older	35.8	37.3	35.0

Source: Federal Interagency Forum on Aging-Related Statistics; Health and Retirement Study.

Approximately 78,000 Arizonans suffer from Alzheimer's disease and other forms of dementia. The Arizona Department of Health Services estimates that approximately 145,000 older adults in Arizona will have Alzheimer's disease by the year 2020. This rapid increase is due to Arizona's significant senior migration, the state's strong natural relative population growth and the maturation of baby boomers into the years of increasing risk. Persons with Alzheimer's disease generally live at home until the end stage of the disease. Therefore, family and friends are typically the front line of caregiving.

Caring for people afflicted with Alzheimer's often has a devastating toll on the caregiver's family and personal life. According to the Alzheimer's Association, 80 percent of caregivers suffer from high levels of stress and nearly half suffer from depression. As the number of persons afflicted with Alzheimer's disease increases, it is very likely that there may be a caregiving crunch. Contrary to the belief of many, long term and nursing home care for Alzheimer's patients is not covered under Medicare. Programs focusing on increasing awareness about the impact of Alzheimer's disease and teaching skilled treatment methods will help the next generation of caregivers better prepare themselves for this reality.

Chronic Health Conditions

Increasing longevity over the last century has been accompanied by an increased risk for certain diseases and disorders. Significant proportions of older adults suffer from a variety of chronic health conditions such as arthritis and hypertension. The percentage of persons with chronic health conditions increased for most conditions between 1984 and 1995, with the exception of hypertension, which has remained roughly the same (Table 13).

TABLE 13
Percentage of Persons in U.S. Age 70 and Older with Chronic Conditions

Chronic Condition	1984	1995
Arthritis	55.0	58.1
Hypertension	45.6	45.0
Heart Disease	16.4	21.4
Cancer	12.4	19.4
Diabetes	9.9	12.0
Stroke	7.8	8.9

Source: Federal Interagency Forum on Aging-Related Statistics; Supplement on Aging and Second Supplement on Aging.

Heart disease, cancer and stroke are the three leading causes of death for both sexes of every racial and ethnic group. Five of the six leading causes of death among older Americans are chronic diseases. Arthritis and high blood pressure are the most common chronic health conditions affecting older adults in Arizona. Men are at greater risk for becoming afflicted with cancer and heart disease (23 percent and 25 percent, respectively) than are women (17 percent and 19 percent). However, women are more inclined to suffer from arthritis and hypertension (64 percent and 48 percent, respectively) than are men (50 percent and 40 percent).

Of more than 1.7 million hospital discharges attributed to cancer in 1997, 11 percent (or 192,000) were attributed to lung cancer. This represents a 30 percent decrease in the number of attributable discharges from 1988. The Center for Disease Control reports 430,000 deaths each year attributable to cigarette smoking. Twenty-five percent of those age 45 to 64 smoke, with 12

percent of those age 65 and older smoking. Smoking rates, however, are greater for those younger than age 45.

While a greater percentage of younger people smoke, a much greater percentage older adults are hospitalized due to smoking-related illness. The greatest number of hospital discharges due to smoking-related illness is experienced in the population age 65 and older. In 1997, death rates for malignant neoplasms of the respiratory system were significantly greater for those age 65 and older. However, the greatest decline in hospital discharge rates (51 percent) has occurred in the 45 to 64 year age group. Smoking prevention and cessation programs are widely offered by the American Lung Association and should be supported.

HEALTH CARE

Caregiving

As chronic health conditions and longevity continue to increase, the number of older adults needing long-term care also will grow. Caregiving provides assistance to those with limitations in activities of daily living and those who suffer from chronic diseases such as Alzheimer's. Half of those age 85 and older are expected to need help with personal care. Long-term care consists of: 1) informal care, 2) home and community-based services, and 3) institutional care. An estimated 72 percent of the care provided comes from spouses, adult children and other relatives and friends. Smaller and more geographically dispersed families among the new aging will result in fewer potential caregivers for older adults. In 1990, there were 11 potential caregivers for each person needing care. By 2050, it is estimated that the ratio will be four persons for each person needing care.

One-third of all people age 85 and older have Alzheimer's disease and three-quarters of their caregivers are surrounding friends and family. More than half of baby boomers mistakenly believe that Medicare will cover long-term care costs should their parents become afflicted with the disease. The financial, physical and mental burden associated with caregiving becomes very exacting for many family members. The average nursing home in Tucson costs $149 per day, slightly below the national average of $153 per day. This equates to roughly $55,000 per year. The average cost of a home-health worker is $15 per hour. In 1999, average out-of-pocket costs for long-term care were $40,000 per year. More than 60 percent of children caring for aging parents suffer from depression. Decreasing fertility rates combined with increasing divorce and re-marriage rates and increasing longevity will result in future caregivers having more parents than children.

The majority of the caregiving community is made up of women and older adults. Seventy-three percent of today's caregivers are women. In 1999, 76 percent of women in their caregiving years (age 45 to 54) were in the workforce. This is in sharp contrast to 38 percent in 1950. Women are also having children at an older age. Forty-one percent of these women in their caregiving years have children of their own under age 18 at home. This has created what is termed the *sandwich generation*-- persons who find themselves caring for elderly parents while also caring for their own children. With increasing longevity, 21st century Americans will most likely spend more years caring for their parents than their children.

Assisted Care Facilities

In anticipation of the increasing need for care among older adults, the number of assisted living facilities in America has doubled since 1994. Construction has now slowed as it has reached a saturation threshold. As a result of the influx of supply, national occupancy rates for nursing homes have fallen from 88 percent in 1991 to 83 percent today. Over 1.6 million people receive care in over 17,000 nursing homes nationwide.

Assisted care facilities are facing major problems with financial stability and staffing. Even though nursing home costs are out of reach for a large percentage of American families, they still suffer from underfunding. Many facilities cannot staff or supply care services at adequate levels, leaving many residents at risk of being harmed. The General Accounting Office reports that more than 25 percent of nursing homes in the United States had deficiencies that could cause harm to residents or place them at risk of serious injury and death. Ninety-five percent of nursing homes participate in Medicare or Medicaid. They cite the following reasons for inadequate staffing: 1) insufficient payments and reimbursements from Medicare and Medicaid, and 2) difficulty in attracting and retaining qualified workers within a healthy economy where other industries offer less demanding and better paying jobs.

Working conditions and benefits for certified nursing assistants (CNAs) are a major concern within the assisted care industry. Formal caregivers and other direct care workers staff nursing homes, assisted living facilities, group homes and individual clients' residences. These people account for 20 percent of the health care workforce. Over 90 percent of direct care workers are women age 22 to 45. Starting salary for a certified nursing assistant in the U.S. is $7.35/hour, a salary belonging to the low-income wage bracket. Many are able to secure only part-time work, and health insurance benefits are rarely offered. These conditions result in exceptionally high annual turnover rates for direct care workers: 70 to 100 percent in nursing homes and 40 to 60 percent for in-home care.

Health Insurance and Medicare

In 1965, national legislation was passed establishing the Medicare and Medicaid programs. While Medicare (Part A and Part B) covers physicians and hospitalization fees for those age 65 and older, Medicaid offers health care services for those of all ages who meet certain income and eligibility requirements. As a result of 1997 legislation, Medicare beneficiaries have the option of choosing from a variety of Medicare+Choice plans including health maintenance organizations (HMOs), preferred provider organizations (PPOs) and private fee-for-service plans. The only option for a drug coverage plan for Medicare beneficiaries in Arizona is through a Health Maintenance Organization or employee retirement plan. Arizona has the third highest percentage of older adults belonging to managed care plans. This percentage peaked in the early 1990s at 40 percent but has continued to decline since.

There are a number of insurance alternatives, such as long-term care (LTC) insurance and longevity insurance, to help individuals prepare for increasing health care costs accompanied by older age. Long-term care insurance provides for the services of assisted-care facilities, should they be needed. This insurance should be purchased by both retirees and middle-aged workers alike. In 1999, President Clinton proposed a measure to make private long-term care insurance available to federal employees, retirees and relatives. Among current initiatives in legislation are the Long-Term Care Insurance Act of 1999 that proposes an above-the-line tax deduction for

persons who purchase LTC insurance, and the Long-Term Care Advancement Act that permits penalty-free withdrawals from IRAs and 401(k) plans to purchase qualified LTC plans.

Longevity insurance would, instead of paying an individual's family in the case of early death, provide financial support for the needs of living exceptionally long. One financing mechanism for this kind of insurance is a reverse mortgage. Home equity is the single largest financial asset of most older Americans, yet is seldom used as a source of financing for long-term care. With a reverse mortgage, a bank or lending institution would allow contributions to be made to long-term care insurance drawn from the equity value of the home. When the homeowner passes away and/or the house is sold, the lending institution would receive back the principal and interest.

Prescription Drug Costs

Older Americans are paying twice as much for prescription drugs today as they did in 1992. The increased costs are attributed to more advanced and effective drugs. According to a recent Medicare beneficiary survey, prescription drugs account for ten percent of total out-of-pocket health expenditures for those age 65 and older. The burden of paying high prescription drug costs falls disproportionately on the elderly. Older Americans account for only 13 percent of the population but account for over 33 percent of prescription drug expenditures. Average cost per subscription is $42.30, an increase from $28.50 in 1992. Older adults also are taking more drugs. They purchased an average of 20 prescriptions per year in 1992 and 29 in 2000. It is estimated that they will purchase approximately 39 prescriptions per year in 2010.

One-fourth of older adults pay more than $500 per year in out-of-pocket expenses for prescription drugs. Approximately one-third pay 100 percent of retail prescription drug costs due to a lack of supplemental drug coverage to enhance basic Medicare.

Rural Access to Health Care

The Federal Balanced Budget Act of 1997 reduced the HMO federal government reimbursement rate from 95 percent in 1997 to 75 percent in 2004. As a result, more and more HMOs are operating at net deficits and are rapidly withdrawing from rural parts of Arizona and the nation.

The overall withdrawal of Medicare HMOs from Arizona during the year 2000 is expected to affect 4,700 rural older adults. Many will be forced to subscribe to more costly Medigap policies to cover prescription drug benefits. The high cost of supplemental Medigap coverage is one of the most pressing health care issues among the older population. With increasing numbers of rural residents being abandoned by Medicare HMO providers, many older adults are forced to turn to Medigap policies as their only alternative to retain similar levels of coverage. The cost of these policies is rapidly on the rise.

Since 1999, 41,000 older adults in Arizona (4,900 in Pima County) have lost Medicare HMO coverage. This totals more than 45,700 older adults who have lost coverage in Arizona. Only Santa Cruz and Pinal Counties remain with one HMO serving the rural senior population. The great majority of these people will switch over to original fee-for-service Medicare which has higher premiums and no prescription drug plan. This trend by HMOs to drop coverage in rural areas will affect 926,000 older adults nationwide, of which 151,000 will be left with no Medicare HMO options. Health care options for older adults in Pima County are:

(1) Traditional Medicare;
(2) Medicare+Choice HMOs – Health Net (offering one plan) and PacifiCare's Secure Horizons (offering three plans);
(3) Private Fee-for-Service – provided by Sterling Life Insurance Company; and
(4) Medigap Supplemental Insurance -- offered by 45 insurers serving Arizona.

Without a dramatic shift in health care skills and priorities, our society will continue to struggle with acute illness, chronic disease, and disability. Longevity is increasing, but the afflictions of chronic diseases such as arthritis, Alzheimer's disease, osteoperosis, diabetes, heart-disease, prostate and breast cancer still pervade.

Part II
Imagining the Future for Tucson and Pima County

The reality of what Tucson might look like in 15 years is of course unknown. This section provides two radically different visions of Tucson's future in the year 2015 and beyond.

Vision One: Material Wealth for Some, Poverty of Spirit for All

Growth in Pima County has been mixed over the past 15 years, however, the economy is stable. After the economic boom of the 1990s, there was a recession in the mid-2000s. Some people who had gambled in the stock market lost much of their retirement savings. Others without pension plans are now financially destitute after a lifetime of accruing personal debt. The tax base has grown modestly, allowing basic human services to be met for most people. Social Security and Medicare are solvent and pay at modest levels.

The trend toward gated communities for the well-off accelerated as baby boomers began to retire. Professionals congregate with professionals. While some of this segregation is ethnically or racially motivated, it is mostly a matter of economics and class. Those who had the good fortune or foresight to secure adequate retirement income have the good life, but a large segment of Tucson's retirees live near the poverty level. There is little mixing of the two groups.

The community's spirit and that of its residents has suffered. Residents of the more affluent enclaves keep to themselves. While actively engaged in their own communities, their charitable giving and volunteerism for the poor are at all-time lows. Older residents of lower class neighborhoods live in isolation, with little help from neighbors or volunteers.

> Katherine Jones picks up her paper and gazes down her well maintained, tree-lined street. Her husband Jim has already left to play golf with his buddies. Although Katherine and Jim moved to Tucson fifteen years ago, and most of their neighbors in their gated foothills subdivision came from states other than Arizona. Her book club will meet in an hour. The afternoon will be at the tennis court and the lap pool. Jim and Katherine are trim, athletic sixty-year olds. Their children and young grandchildren live in Illinois and California.
>
> Katherine waves to her neighbor, Mr. Garcia. As Katherine glances in the direction of the valley below, she has a fleeting memory of the announcement at their church about the need for volunteers to deliver meals to shut-ins in downtown neighborhoods. She brushes the thought aside and steps back inside, closing the heavy wrought iron gate behind her.
>
> *Twenty years later…*
>
> Katherine shuffles out to the curb of her street and grabs her paper with an extension stick. Her arthritis is bad this morning. She gazes down her street, pieces of paper clinging to scraggly bushes in her neighbor's yard. She hasn't seen Mr. Garcia in months. Since his wife died, he has become reclusive. Katherine

would like to visit him, but it is all she can do to walk to the street for the paper and the mail.

When Jim died five years ago after a long and expensive bout with cancer, his modest pension from the printing company stopped. Their savings were wiped out by Jim's illness because of the cost of the chemotherapy that Medicare didn't cover. Katherine worked as a secretary for a social services agency in Illinois, but they didn't have a retirement plan, and her Social Security barely covers the mortgage and utilities. She now takes her arthritis medicine only every other day. As Katherine looks around her neighborhood, an overwhelming loneliness overtakes her. She sure misses Jim.

Vision Two: Prosperity From Within

The economy is doing well. The emphasis in Pima County has been placed on quality of life issues rather than the aggressive growth of the new economy. People value the inherent richness within their community. Their lives are less materialistic and more characteristic of a synergy with the environment and the social life of the community. The transient nature of Arizona's residents has lessened as many have rediscovered an appreciation for family, place and community.

River parks and walkways encourage walking and biking. The economy of internet commerce and distance learning has made living and working at home a reality for a great number of people. The telecommunications revolution of the 1990s has further evolved to make it possible to be surrounded by extended families. Diverse ethnic traditions remain in this part of the state. Neighborhood associations have evolved into social communities rather than regulatory bodies. Most are intergenerational with few gated or age-restricted communities being built. Each neighborhood association develops self-help programs to meet the needs of its residents.

There are still haves and have-nots, but few of the area's older adults live in poverty. Affordable housing remains, but only with federal and state subsidies. Public expenditures for nursing homes and assisted living facilities have decreased considerably. Finally, there is a national health insurance plan encompassing Medicare and AHCCCS. Increasing life expectancy continues, with better lifestyles being appreciated. New biotechnological interventions from gene research are available and affordable. Concerns remain about how to keep the environment clean and green. People continue to relocate to the Tucson area.

Planning for new aging begun 15 years ago by the Pima Council on Aging led to the establishment of a joint commission of municipal officials, developers, educators, health care practitioners and faith-based communities. The University of Arizona Center on Aging and the College of Public Health continued the commission's work in developing policies and functioning as a think tank for institutions, business and government.

Sara and Jeffrey never dreamed how comfortable and young they would feel once reaching their early 70s. Age has brought them freedom and time to truly enjoy the beauty, resources and prosperity of Tucson. Living along the Rillito River Park, 6:30 a.m. is wake up time. Three times a week they make the five-minute light walk to their health club for yoga class. Followed by a light aerobic work-out and a healthy breakfast, they feel better than ever.

Walking back home, they marvel at the city's foresight in developing two major Riverwalks—the Rillito and the Santa Cruz. The multiple pathways between neighborhoods connect a good portion of the community to the Sonoran Ecosystem Park with wonderful outdoor sculpture and art. These parks are used throughout the day by walkers, bikers and strollers and are free from noise and vehicular traffic. These inter-connected parkways and community gardens, along with the activism and growth of neighborhood associations, allow for a strong sense of intergenerational spirit and community pride.

E-commerce and distance learning have allowed them to remain even more productive in their "retirement," yet with very flexible hours. Sara is an interior design consultant specializing in assisting older adults to redesign their homes to accommodate their changing needs as they age. She prides herself in keeping a log of all her clients who have been able to remain living at home and keep their independence. Sara brings together human resource needs with the latest technological innovations. Her background in nursing and social work has never been put to greater use.

Jeffrey, a former Anthropology Professor at the University of Arizona, always liked to teach and now finds his Internet classes as challenging and thought-provoking as ever. His students sign up for his classes as fast as he creates them. They range in age from 16 to 106 and are from all over the world. Jeffrey's area of specialization is spiritual anthropology, a field that dawned with the turn of the millennium and the growth in interest in the spiritual and religious traditions of ancient and contemporary societies.

Sara and Jeffrey have two daughters. One is married with their first grandson and is living in Europe where she works for the United Nations. The other, a "late life" child adopted when they were in their mid-50s, is now finishing graduate school in Exercise and Nutrition.

Most of life's daily chores can be done by computer when necessary: food shopping, ordering medication and vitamin supplements and banking. They are fortunate to feel healthy and function without physical limitations. 21st century medicine is founded on self-management that begins in the home, not the physician's office. Jeffrey's heart problems are managed quite efficiently with a combination of home monitoring and the nutritional and yoga interventions his health team helped him assemble.

Sara's medical problems also have not altered their lifestyle and quality of life. Music therapy helps control her migraine headaches and the chronic fatigue she suffered from has been "cured" by her enhanced nutritional protocol and exercise program. Sara and Jeffrey spend one three-day weekend a year in their local Health and Healing Center, a residential hybrid health spa and hospital. This allows them the opportunity to explore new dietary, body work and meditation interventions.

Tucson transportation has evolved into a comprehensive multi-modal system. Still, most people try to arrange their outings at locations to which they can either walk or bicycle. Such is the case for Sara and Jeffrey, as they can walk or bike to restaurants, cinemas and shopping areas.

Despite good health and comfortable home living, Sara and Jeffrey are planning ahead. Should either of them experience functional limitations in the future, both are committed to continue living together at home. Their foresight meant building a guest house in their backyard 15 years ago just in case live-in home aides might be necessary. That guest house may just remain as the second home for their children's families.

Which, if either, of these visions will become a reality? The commission is seeking to identify a vision for the future of Tucson that will reflect wholeness and wholesomeness for the entire community. Articulation of that vision will guide our policy recommendations.

Part III
Planning a Wise Course: Area Objectives

Framework

The current generation of those age 37 through 55 has been described as the most powerful, most influential and largest generation in American history. It has become known as the *age wave* -- a revolution that is crashing through our culture, reforming our expectations and changing the very meaning of aging.

How will this age wave be experienced in Pima County? The social, economic and political challenges of the coming decades will arise not only from the increasing magnitude and population share of older adults, but also from the fact that this future generation of older Americans will come from an extraordinary age wave of individuals with a very different set of needs and expectations. At the same time, there is uncertainty as to the attitudes, values and social orientations that younger generations will possess in the year 2015 and beyond. Meeting the challenges will involve addressing numerous critical issues and societal questions.

The Arizona Aging and Adult Administration released their *Arizona State Plan* in October 2000. The mission of the Aging and Adult Administration, under the Arizona Department of Economic Security, is to support older adults in meeting their needs to the maximum of their ability, choice and benefit. The plan establishes statewide objectives and is the result of a cooperative effort involving input from Arizona's eight Area Agencies on Aging, the Governor's Advisory Council on Aging, the general public, and other concerned agencies and organizations throughout the state.

The following recommendations are coordinated with the Arizona State Plan in order to maintain a consistent framework for meeting both area and statewide objectives. An essential element to successful regional planning is to maintain a consistent, hierarchical framework for policy development, support and action. The challenges and opportunities of the new aging in Pima County are distinctive and require separate consideration. Nevertheless, these proposals are inclusive, not exclusive, of the objectives set by the state. Objectives are identified as *State* or *Area*.

State Objectives are those identified by the Aging and Adult Administration in the State Plan. These objectives stop short of suggesting specific actions or coordinating entities to carry out the objective. *Area Objectives* are those proposed by the local Area Agency on Aging, the Pima Council on Aging (PCOA). Following both state and area objectives are suggested actions and coordinating entities that are identified to champion the objective and to pursue policy development and implementation strategies.

Meeting the challenges of older adults, today, and in the future, requires addressing a broad platform of issues. These issues are grouped into **nine** areas.

1. Retirement Planning, Estate and Trust Management, Legal Services, Financial Tools and Assistance
2. Continuing Education, Employment and Job Training
3. Volunteerism, Political Activism and Advocacy; Creative Contributions, Intergenerational Opportunities, Public Awareness and Community Attitudes
4. Medical and Non-Medical Home Services, Assisted Living, Caregiving, Long-Term Care, Special Needs: Minority, Low-Income, Rural, Frail
5. Transportation
6. Housing
7. Elder Abuse
8. Healthy Living, Disease Prevention and Treatment, Medical Insurance and Savings Alternatives, Mental and Behavioral Health
9. Technology

Pima Council on Aging is identified as the primary agent for implementing many of the programs and objectives presented here. It must be recognized that due to funding and staffing limitations, the service and management burden placed on PCOA is not a realistic one. There is clearly a need for broader and more thorough consultation among service providers to determine which groups and organizations are best equipped to pursue the implementation of the proposed objectives. Nevertheless, the following objectives and actions serve to provide a framework for further consultation to occur.

Issue 1: Retirement Planning, Estate and Trust Management, Legal Services, Financial Tools and Assistance

The Challenge of Retirement Planning: With personal savings at an all time low, increasing debt ratios and no systematic method for retirement investing, many aging low and middle-income Americans face uncertain financial security in later years. Social security benefits alone provide a financial existence just above the poverty level. Economic security must be provided for the most vulnerable of older adults, particularly those on fixed incomes. People are being confronted with the restructuring of social security. By 2015, social security's cash income will fall below its cash outflow. Restructuring options include altering benefits, altering the taxpayer payment structure and altering the investment structure of payments.

> *Objective 1 (Area)*: Provide increased retirement planning and investment management services to help the new aging prepare for debt-free, late-life financial security.
> *Action*: PCOA to work with local Social Security Office and media agencies to promote greater use of retirement planning tools, and online resources in particular. Increase accessibility through online distribution. Establish a government financed service group for retirement planning associated with social security.
>
> *Objective 2 (Area)*: Establish an advocacy task force to engage with the Presidential commission on social security reform.
> *Action*: PCOA to serve as an information and referral liaison and advocate findings to U.S. congressional representatives.

The Challenge of Estate and Trust Management: There will be an increase in need for estate management and trust services to help families manage the inheritance of today's older adults.

> *Objective 3 (Area)*: Provide greater access and affordability to estate management and trust services for older adults. Offer discounted services as well as provide workshops and seminars for self-education.
> *Action*: PCOA to coordinate with the National Academy of Elder Law Attorneys (NAELA) and other legal organizations to provide volunteer paraprofessionals in estate planning. PCOA to serve as an information and referral liaison for area agency service providers.

The Challenge of Financial Tools and Assistance: Many older Americans have the majority of their financial assets tied up in home equity.

> *Objective 4 (Area)*: Provide accessible home-equity loan programs for those who are "cash-poor" but "brick-rich" to draw cash from their homes. Promote reverse mortgages.
> *Action*: PCOA to serve as an information and referral liaison for area agency service providers.

Issue 2: Continuing Education, Employment and Job Training

The Challenge of Employment and Job Training: A significant portion of older adults do not intend to entirely stop working after the age of 65. Much can still be gained from the skills and experience of older adults who prefer to continue to work. Job training can assist in the placement of older adults back into the workforce.

> *Objective 1 (State)*: Assist in the development of educational and job training opportunities for low-income older adults through the Workforce Investment Act (WIA), Title V contractors, and other alternative funding sources.
> *Action*: PCOA to serve as an information and referral liaison for area agency service providers, community colleges and universities. The University of Arizona to continue to develop and expand their Seniors' Programs through Extended University (Seniors' Achievement and Growth through Education, Elderhostel and the Second 50 Years). Community colleges to continue to provide courses for older adults wishing to improve or acquire new skills.
>
> *Objective 2 (State)*: Maintain a leadership role in the development of Arizona's One-Stop Career Centers that provides access for older workers to choose basic, high quality employment, training and education services.
> *Action*: PCOA to serve as an information and referral liaison for area agency service providers. Pima County Workforce Development Program to address the needs of older adults through the *Pima Works* Program.
>
> *Objective 3 (Area)*: Educate businesses and organizations as to the benefits of employing older adults.
> *Action*: Municipal service departments (such as Parks and Recreation) should involve older adults in staffing through employment and volunteer opportunities. PCOA to serve as an information and referral liaison for area agency service providers. Arizona Department of Economic Security to disseminate information regarding the value of older workers.
>
> *Objective 4 (Area)*: Promote the local network of nonprofit organizations such as the Service Corps of Retired Executives (SCORE) and Executive Service Corps (ESC).
> *Action*: PCOA to serve as an information and referral liaison for area agency service providers.

The Challenge of Continuing Education: People of all ages prosper when they continue to learn, grow and develop. Educational institutions and community organizations are well positioned to contribute to this process by expanding both educational and training opportunities available to aging adults. Older adults who are retired still demand intellectual stimulation and desire to learn.

> *Objective 5 (Area)*: Expand educational and training opportunities available to older adults. Provide low-fee courses for older adults.
> *Action*: High schools, community colleges, universities and community organizations should take the first step in providing courses and workshops

tailored to meet the needs of older adults. The State Legislature needs to provide additional funding to institutions for all levels of continuing education. The University of Arizona to continue to develop and expand their Seniors' Programs through Extended University (Seniors' Achievement and Growth through Education, Elderhostel and the Second 50 Years).

Issue 3: Volunteerism, Political Activism and Advocacy, Creative Contributions, Intergenerational Opportunities, Public Awareness and Community Attitudes

The Challenge of Volunteerism: Volunteer work provides older adults with meaningful and satisfying activity while simultaneously benefiting the community. The valuable experience and wide-ranging skills of older adults provide positive outcomes for those involved. Older adults are an extremely valuable resource for community and civic volunteer positions. However, national statistics indicate that rates of volunteerism decline after age 55.

Objective 1 (Area): Establish a "resource pool" where the volunteer needs of organizations can easily come into contact with those wishing to get involved with volunteer activities.
Action: PCOA to coordinate with Pima County Volunteer Center and faith-based entities. Neighborhood associations to develop local listings of volunteer resources. (A model program is that of the Ft. Lowell Neighborhood Association.)

Objective 2 (Area): Develop a publicity program for reaching older adults who are not aware of existing opportunities for involvement.
Action: PCOA to author a periodic column in the local newspapers. PCOA to serve as an information and referral liaison to various media sources.

The Challenge of Political Activism: With high rates of political activism and concern for the community, older adults constitute a large force of political power. However, this group needs to be properly informed regarding the latest legislation.

Objective 3 (State): Identify and monitor legislation affecting the older and vulnerable adult population and track it through the legislative process.
Action: PCOA to work with the Governor's Advisory Council on Aging to take a leadership role by acting as the catalyst for such activities.

Objective 4 (State): Disseminate information and provide analysis of proposed legislation and the effects of budgetary requests to all interested parties.
Action: PCOA to work with the Governor's Advisory Council on Aging, senior centers, and other area agencies on aging.

The Challenge of Creative Contributions: Many older adults retain healthy drives for creative output. The encouragement and support of creative activities among older adults contributes to the richness of the community and benefits people of all ages.

Objective 5 (Area): Encourage the development of and participation in classes and workshops dealing with the arts.

Action: PCOA to work with local educational institutions to expand arts programs and with retirement communities, senior centers and media to encourage greater participation.

Objective 6 (Area): Allocate space for exhibiting the creative work of older adults.
Action: Use senior centers, government offices, schools and libraries for exhibiting work in their facilities and offices.

The Challenge of Intergenerational Opportunities: Older adults have invaluable skills, talents and experiences to share with children and youth. Intergenerational opportunities provide older adults with positive and meaningful involvement by helping youths become productive members of the community. Intergenerational activity also reduces stereotyping and provides a healthy social outlet, preventing isolation.

Objective 7 (State): 1) Identify agencies, organizations and special interest groups whose activities include the development of intergenerational programs, and 2) work groups that support the needs of grandparents raising grandchildren.
Action: PCOA to serve as an information and referral liaison.

The Challenge of Community Attitudes: Misperceptions and a general lack of understanding of older generations has resulted in negative and/or malicious attitudes and behaviors toward older adults. Efforts must be taken to combat ageism and age-based stereotyping. In addition, as the population of Pima County grows more ethnically diverse, so does that of older adults. Greater acceptance and understanding of diverse populations of age and ethnicity contribute to a more peaceful community.

Objective 8 (Area): Create, expand and promote awareness programs that educate people and heighten understanding among our ethnically diverse population.
Action: Public and private schools as well as communities of faith to launch awareness campaigns supported by local newspapers and community newsletters.

Issue 4: Medical and Non-Medical Home Services; Assisted Living; Caregiving; Long-Term Care; Special Needs: Minority, Low-Income, Rural, Frail

The Challenge of Non-Medical Home Services: Non-medical home services such as home and appliance repair, lawn maintenance and housecleaning can become a major challenge as aging occurs.

Objective 1 (Area): Establish community based, home maintenance programs where individuals can receive the assistance of a repair professional to fix or replace broken and worn out items as well as provide landscaping services.
Action: PCOA to work with City of Tucson Citizen and Neighborhood Services to conduct "asset mapping," a volunteer listing of services and skills that are offered by neighborhood residents. Residents then provide assistance on a volunteer or discounted fee basis. (A model program is that of the Ft. Lowell Neighborhood Association.)

Objective 2 (Area): Establish a single point of access to services for management of home finances as well as basic legal, medical, and nutritional consultation.
Action: PCOA to work with Information & Referral Services to serve as information and referral liaisons.

The Challenge of Assisted Living: Many older adults are not able to find suitable assisted living and traditional housing in preferred locations where they wish to live. Assistance in locating older adults in mixed-use sections of the city promotes intergenerational living, decreases isolation and improves access to transportation services. There is much variation among assisted living and long-term care options. Loose and inconsistent regulatory environments create an opportunity for standards to fall to inappropriate levels, thereby putting residents at risk.

Objective 3 (Area): Support programs promoting the availability and accessibility of suitable housing for older adults, such as apartment and home finding services as well as housemate matching and placement services.
Action: PCOA to work with Information & Referral Services to serve as information and referral liaisons.

Objective 4 (Area): Provide for adequate assisted living options for low and middle-income older adults.
Action: PCOA to advocate for increased support from HUD and Title VI programs. PCOA to work with the Southern Arizona Homebuilders Association, Habitat for Humanity, Primavera Homebuilders and the Metropolitan Housing Corporation. City of Tucson Citizen and Neighborhood Services to work with neighborhood associations to establish *Living at Home* programs (such as that in the Ft. Lowell Neighborhood Association).

Objective 5 (Area): Promote higher standards for long-term care and expand the regulatory framework to ensure compliance.
Action: State Legislature to provide the State Health Department with more authority and enforcement powers in monitoring facilities.

Objective 6 (Area): Propose regulatory legislation requiring that referral fees be paid by families instead of adult-care homes. Legislation must also establish ethical, educational and business standards.
Action: House Health Committee and State Legislature to reintroduce regulatory legislation.

The Challenge of Caregiving: Low pay and high turnover plagues the direct care industry. Residents and recipients of assisted care suffer the repercussions, often at increased risk of harm. A significant portion of the caregiving workforce comes from volunteers. In order to meet the increasing demand for caregiving, volunteer participation must remain strong and even grow. Home and family caregivers are subject to high levels of stress, as well as a multitude of tasks and responsibilities. Efforts need to be taken to ease this burden.

Objective 7 (State): Increase the promotion and recognition of volunteer caregiving activities and expand the role of faith-based communities in volunteering.
Action: PCOA to serve as an information and referral liaison.

Objective 8 (State): Enhance and expand training to assist caregivers with the administration of physical and occupational therapies, respite care and errand running. Provide counseling to help prevent burn out.
Action: PCOA to work with area agency service providers. Continued support from the Aging and Adult Administration and Arizona Department of Commerce for caregiver training through the University of Arizona Center on Aging.

Objective 9 (Area): Establish a program for occupational therapists to administer in-home assessments and teach individuals how to set up their home to better maintain their independence.
Action: PCOA to work with area agency service providers.

Objective 10 (Area): Improve salary and benefits conditions for direct care workers to lower turnover rates and increase the quality of caregiving.
Action: State legislature to provide increased funding to improve wage and benefits conditions of agency direct-care workers.

The Challenge of Long-Term Care: The quality of long-term care services needs to be enhanced. The Long-Term Care Ombudsman's Office is an important division under the Arizona Aging and Adult Administration. In the 1996-1997 fiscal year, the office fielded 3,168 complaints and resolved 91 percent of them to residents' satisfaction. However, the Ombudsman is a voluntary position and has no legal ability to mandate service. The growth in the aging population and the number of residents in long-term care facilities demonstrates the need for expanded ombudsman services.

Objective 11 (State): Increase the number of volunteer ombudsmen by recruiting, training, and retaining volunteers.
Action: PCOA to work with Arizona Administration on Aging to develop ombudsman outreach program.

Objective 12 (Area): Future funding should support the Long Term Ombudsman's Office at appropriate levels for staffing and empower the position with greater authority to mandate service.
Action: Aging and Adult Administration to make Ombudsman and staff paid positions.

The Challenge of Special Needs: Many minority, low income, frail and rural older adults do not receive needed services, due to a lack of awareness and physical access to available services.

Objective 13 (State): Develop methods that will enhance outreach efforts and increase participation of low income, minority and rural individuals.
Action: PCOA to work with area agencies on aging.

Issue 5: Transportation

The Challenge of Transportation: The lack of transportation can deny older or vulnerable adults full participation in their community and may mean the difference between being able to remain in their community or being placed in an institution. Transportation is a critical link to other essential services. Alternative modes of transportation need to be provided for those who can no longer operate an automobile. Rural areas face particular difficulties in being able to reach and transport older people.

Objective 1 (State): Initiate a task force to develop strategies for improving access to transportation for older and disabled persons.
Action: PCOA to coordinate outreach efforts with the United Way. PCOA to work with Pima Association of Governments (PAG), City of Tucson Transportation Department and the local transit provider (Sun Tran).

Objective 2 (Area): Provide alternative transportation support systems to meet the needs of daily living for older adults, such as vans and custom trip vehicles.
Action: City of Tucson and Sun Tran to coordinate in expanding neighborhood-based van and ride-sharing services. Integrate with "asset mapping" by neighborhood associations.

Objective 3 (Area): Expand telemedicine programs to decrease the need and frequency of physical doctor visits.
Action: PCOA to work with Arizona Telemedicine Program through the University of Arizona Health Sciences Center.

Issue 6: Housing

The Challenge of Housing: Providing safe and adequate housing that meets the needs for traditional housing as well as for caregiving and long-term home care. Family members are the primary caregivers for a great majority of the dependent aging. Housing scenarios that allow for dependent adults to live with immediate and extended family can assist in reducing the burdens of family caregivers and provide a positive surrounding for the dependent adult.

Objective 1 (State): Provide for a mixture of housing types within a neighborhood as well as promote the adaptability of the single family lot to accommodate building additions for aging family members.
Action: City and County Planning Departments to amend restrictions that inhibit these adaptations.

Objective 2 (Area): Home design should be adaptable to making alterations for "aging in place." Aging-in-place adaptations are thoughtful design solutions by architects and developers such as: the substitution of door levers for doorknobs; easy to open drawers, windows and cabinets; slip-resistant flooring, stairs and driveways; the addition of wall mounted railings for balance and guidance.
Action: PCOA to coordinate with the University of Arizona's College of Architecture, Planning, and Landscape Architecture and the Southern Arizona Home Builders Association.

Objective 3 (Area): Provide workshops for older adults and family members to learn about the methods and options of home conversion for older adults.
Action: PCOA to coordinate with retail home centers (such as Home Depot) to conduct retrofit workshops and classes.

Issue 7: Elder Abuse

The Challenge of Elder Abuse: Abuse of older and vulnerable adults, whether through physical violence, self neglect or financial exploitation is a problem that affects all of society. Since many cases of abuse are not reported by victims, it is imperative that the public is aware of what to look for and the methods for reporting suspected incidents. Increased education assists the public in understanding the needs of older and vulnerable adults and contributes to finding solutions to these problems. Increasing public awareness is the most important factor in reducing elder abuse. Law enforcement officers are often involved in cases of elder abuse, as local police and sheriff's departments frequently are the first line of defense for older victims. Officers who are unfamiliar with at-risk settings may overlook life threatening signs of abuse.

Objective 1 (State): Coordinate with aging network and adult advocacy groups to heighten public awareness of all types of elder abuse through the dissemination of information and presentations to agencies and organizations.
Action: Senior centers, assisted-care facilities, libraries, and area agencies on aging to disseminate information at a local level. The University of Arizona Center on Aging to take a leadership role in educating the public and providing training for other agencies responsible for prevention and detection of elder abuse. These entities should also work together to produce public service announcements for television.

Objective 2 (State): Cooperate with law enforcement agencies and prosecution offices to effectively carry out prosecution of perpetrators.
Action: Attorney General's Office to continue support for Stop Abuse and Financial Exploitation of the Elderly (S.A.F.E.E.). S.A.F.E.E. is a coalition of law enforcement agencies, social service agencies and elder advocacy groups, with a primary function to facilitate cooperation between law enforcement and prosecution offices for effective prosecution.

Objective 3 (State): Promote an increase of emergency shelters and services that address the needs of abused older and vulnerable adults.
Action: PCOA to work with the Elder Shelter Program, which provides emergency shelters for abused older adults.

Objective 4 (State): Identify and encourage the development of innovative intergenerational programs that prevent isolation and assist in the reduction of abuse of older and vulnerable adults.
Action: PCOA to serve as an information and referral liaison.

Objective 5 (Area): Increase knowledge about elder abuse issues among local law enforcement agencies.
Action: S.A.F.E.E. to work with the Pima County Elder Abuse Task Force to train local law enforcement and other first responders such as paramedics, physicians and social workers about elder abuse issues.

Issue 8: Healthy Living; Disease Prevention and Treatment; Medical Insurance and Savings Alternatives; Mental and Behavioral Health

The Challenge of Healthy Living: As greater and greater numbers of older Americans live to extreme old age, there will be an increase in chronic health conditions. Thus, medical services and care providers need to anticipate and plan for sufficient resources and personnel. If followed early, many chronic conditions can be delayed by healthy living practices.

Objective 1 (State): Coordinate with the Department of Health Services, County Departments of Health, the Area Agencies on Aging, AHCCCS, and other organizations to disseminate information on wellness, disease prevention, health care, and nutritional information.
Action: PCOA to work with the University of Arizona Center on Aging and other health organizations as well as local newspapers and public service agencies to disseminate information regarding healthy living programs.

Objective 2 (Area): Promote community-based efforts toward healthy living, such as exercise paths, fitness courses, walkways and trails.
Action: PCOA to work with City of Tucson Parks and Recreation Department and Planning Department.

Objective 3 (Area): Provide shopping-for-one and cooking classes to meet the changing caloric and nutritional needs of older adults.
Action: PCOA to work with senior centers to provide workshops and classes.

Objective 4 (Area): Support wellness clinics for physical, mental, and spiritual health.
Action: PCOA to work with health organizations, medical offices and hospitals to offer wellness clinics.

The Challenge of Disease Prevention and Treatment: The costs of chronic disease treatment in the United States are staggering and will continue to place a financial handicap on older adults. Older adults consume one-third of all health care spending, approximately $342 billion, yet the National Institutes of Health (NIH) spends only eight percent of its $15.6 billion research budget for aging-related research. In addition, smoking related illness results in a significant number of hospitalizations and deaths among older adults, and over 75,000 adults in Arizona suffer from Alzheimer's disease.

Objective 5 (State): Encourage policy and programmatic changes to enhance current service delivery systems that address the needs of persons with Alzheimer's or related disorders and their caregivers.
Action: PCOA to work with area agencies on aging and AHCCCS to enhance service delivery systems.

Objective 6 (State): Assist organizations in disseminating information to increase public understanding regarding the effects of and current research into Alzheimer's disease and related disorders.
Action: PCOA to work with health organizations to increase public awareness programs regarding Alzheimer's disease and related disorders.

Objective 7 (Area): Promote making disease prevention and self care a national priority. Increase funding for preventing chronic diseases, not just treating them.
Action: PCOA to work with health organizations and other area agencies on aging to advocate for increased spending on aging related research. AHCCCS to support preventive health and screening programs such as routine breast exams, blood pressure screening and influenza vaccines.

Objective 8 (Area): Support smoking cessation programs such as *Freedom from Smoking Cessation Clinics* offered by the American Lung Association and the Arizona Prevention Center's Tobacco Cessation Program.
Action: PCOA to work with the American Lung Association and Arizona Prevention Center.

The Challenge of Medical Insurance and Savings Alternatives: Many Medicare beneficiaries need help navigating the maze of social service programs. Complex, personal choices are involved in understanding Medicare benefits, supplemental health insurance (Medigap), and assigning Medicare benefits to Medicare+Choice organizations. There is a need for older persons to have access to accurate information and assistance in dealing with the complexity of the health insurance system. In addition, alternative financing methods need to be explored for individuals to pay for an increasing demand for health care services later in life.

Objective 9 (State): Update information and increase assistance related to the application for benefits, claims filing, purchasing supplemental and long-term care insurance, comparison of Medicare+Choice plans, Medicare rights and protections, and appeals processes.
Action: AHCCCS to increase Medicare assistance services.

Objective 10 (Area): Provide financing alternatives to pay for the increasing demand for health care services, especially for those with late-life, chronic conditions.
Action: PCOA to work with medical insurance companies in promoting long-term care insurance, longevity insurance and medical savings accounts.

Objective 11 (Area): Medicare lacks coverage for optical and dental care. Provide alternatives for Medicare recipients to receive coverage for eyeglasses and dental work.
Action: PCOA to work with Aging and Adult Administration and other area agencies on aging to advocate for increase in Medicare coverage.

The Challenge of Mental and Behavioral Health: Mental and behavioral health issues are extremely important for older persons in Arizona as evidenced by the high rate of elderly suicide. It is estimated that 25 percent of persons over age 65 have significant mental or behavioral health problems. This includes depression, sleep disorders and substance abuse.

Objective 12 (State): Encourage the development of mental and behavioral health programs in community and residential settings that target the specific needs of older adults.
Action: PCOA to work with mental and behavioral health organizations to develop outreach and health programs.

Issue 9: Technology
The Challenge of Technology: Technology provides individuals a means to communicate, socialize, and be entertained. About 40 percent of seniors now own a home computer with this percentage increasing significantly as baby boomers reach retirement age. Older adults use the Internet as a means of connecting with friends and family and as a source of information on finance, health, medicine, travel, arts, education, and other topics of interest.

Objective 1 (State): Assess senior center participants' willingness to utilize information technology offered through a senior center.
Action: PCOA to work with senior centers to coordinate assessment study.

Objective 2 (State): In cooperation with Area Agencies on Aging, identify and partner with private industry to provide senior centers with computers, software, phone line installations, internet access, technical assistance, and cost sharing.
Action: PCOA to work with private industry and public utility partnerships.

Objective 3 (State): Expand computer literacy and computer-based training for older persons.
Action: Universities and community colleges to offer computer and Internet training programs for older adults. (For a model program, see intergenerational computer literacy tutoring through the Youth Employment Enrichment program at Broadway Proper Retirement Community in Tucson.) Expand *Senior Net* computer literacy programs currently offered at local senior centers.

Afterword

More than two years ago, The Commission on the New Aging was appointed to examine the issue of how to prepare for the aging of baby boomers in Southern Arizona. The work that they have done, under the able direction of Marshall Worden, has produced this report that should serve as a clear guide to the issues facing our community and possible solutions to the challenging demands of the future.

Each commission member devoted large quantities of time and great effort into the process of examining the future of providing services to a growing aging population. Members became well aware that the aging population of Southern Arizona will in large part shape the appearance of our community over the next 20 years and help define it. This large population cohort will also have a major impact upon politics, the economy and the quality of life we all share.

As this Commission has done its work, it has become apparent that there is much more to be done and that the entire community will need to be involved in meeting the challenges described in this report. Private citizens, corporate and business communities and all levels of government will have to share in addressing the needs that are foreseen and those that are not, but will undoubtedly present themselves.

My gratitude and the gratitude of the Pima Council on Aging are extended to all who have participated in the Commission's work; you have done your community a fine service.

This report presents a challenge to all of us and begins the process of long-term and short-term planning to meet the needs of all who hope to age well in our own home community.

Allan D. Bogutz

Past President
Pima Council on Aging